CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec. - 1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86291

CERTIFICATE OF DEATH.

159 E 86291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Aisquith Ave ST. 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Dofna Pabellos

(a) RESIDENCE NO. 407 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Mul	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5 mos	Isolation		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 407 Aisquith Baltimore

PARENTS

10 NAME OF FATHER Fran Pabellos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Angelina Kelantos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

14 Informant

(Address)

15 [illegible] Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 3/33, 19 to Jan 5/33, 19

that I last saw her alive on Jan 5/33, 19

and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Immature Septuagint Prematurity

(Premature Child)

7 (one hour)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Thos B Holloway, M. D.

Jan 6/33 (Address) 120 S Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Jan 6 1933

20 UNDERTAKER: Commissioner Health.

ADDRESS

Per Wm E Woodall

JN 6-1933

0030

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86292

CERTIFICATE OF DEATH

23 E 86292

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ronie Scott

(a) Residence: No. 240 N. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Scott

6. DATE OF BIRTH (month, day, year) July 1, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Aiken
(State or country) South Carolina

FATHER

13. NAME Henry Scott

14. BIRTHPLACE (city or town) Aiken
(State or country) South Carolina

MOTHER

15. MAIDEN NAME Frances Williams

16. BIRTHPLACE (city or town) Aiken
(State or country) South Carolina

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Jan 6 1933

19. UNDERTAKER .....
(Address) .....

Dan'l Sullivan Supt. of Health.

JAN 6 1933 1931 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3 1933

22. I HEREBY CERTIFY, That I attended deceased from December 30 1932 to January 3 1933

I last saw him alive on January 3 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

(Other contributory causes of importance:)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86293 E 86293

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital 46 Registered No. 15831

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Foster

(a) Residence: No. 595 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Foster

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 49	(?)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Stephen Foster

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Mattilda Brannan

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med College Date Jan 6th, 1933

19. UNDERTAKER

(Address)

20. FILED JAN 6 - 1933, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1932 to 1-4, 1933

I last saw him alive on 1-4, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6-1-32
Other contributory causes of importance:	
Post operative Shock	

Name of operation Exploratory Lap. Date of 1-3-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Bruce Lebofsky M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86294

CERTIFICATE OF DEATH

E 86294

1. PLACE OF DEATH Balto City Hospitals — Registered No. 159

CITY OF BALTIMORE: (No. ... St. 4-1-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. N ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jean Crain

(a) Residence: No. 311 S. Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-2-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Virginia Crain

14. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

15. MAIDEN NAME Clifford Crain

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. McCollaye Date Jan 6 1933

19. UNDERTAKER
(Address)

20. FILED JAN 6 1933 Registrar. 0023

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1933 to 1-4 1933

I last saw h alive on 1-4 1933 Death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto city Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86295 E 86295

CERTIFICATE OF DEATH

108

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Glenwood Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David F Ash

(a) Residence: No. 627 Glenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Ash

6. DATE OF BIRTH (month, day, year) Sept 12 th 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	15 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pulp Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joshua Ash

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebeckah Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Sillman

(Address) 627 Glenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Elkton Md Date Jan. 8 th 1933

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

20. FILED JAN 6 - 1933 Huntington Whitaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 th 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1 1933 to Jan 6 1933 19

I last saw h alive on Jan 6 1933 Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 3 /33
Other contributory causes of importance: Pulmonary Congestion	Jan 5 /33

Name of operation Date of

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J N Dellett M.D. M. D.

(Address) 1 Washington Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 86296 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86296

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 93-003 Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward) 1600

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Helen Fahey

(a) Residence: No. 1938 Edmondson Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Michael E. Fahey

6. DATE OF BIRTH (month, day, year) Feb. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	67	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charles County Maryland

FATHER

13. NAME: Julius Quenzel
14. BIRTHPLACE (city or town) (State or country): ------- Germany

MOTHER

15. MAIDEN NAME: Adelia Boettner
16. BIRTHPLACE (city or town) (State or country): -------- Germany

17. INFORMANT: Michael Fahey
(Address): 1938 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: 1/7, 19 33

19. UNDERTAKER: Henry A. Meares and Son
(Address): 805 N. Calvert St.

20. FILED ____, 19 33 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1932 to January 5, 1933

I last saw h[illegible] alive on Jan. 5, 1933 death is said to have occurred on the date stated above, at 3:50 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Chronic Myocarditis	

Other contributory causes of importance:

arteriosclerosis	?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 1933

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86297 ✓ 131 E 86297

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Dakin Normal St. for 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 1 mos. -- ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mrs. Frances Causey

(a) Residence: No. ~~Loyola High School~~ 400 E. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Wdow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Causey

6. DATE OF BIRTH (month, day, year) ---------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Isiah Gardiner

14. BIRTHPLACE (city or town) -------
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Merritt

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Helen M. Dowis
(Address) 1006 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1/9, 1933

19. UNDERTAKER Henry U. Myers & Son
(Address) 805 N. Oliver Street
Huntington Pittsburg, Pa.

20. FILED 6-1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932 to Jan 5, 1933

I last saw h 21 alive on Jan 3, 1933 death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchial Pneumonia	
Acute nephritis with hypertension	
Arteriosclerosis	
Other contributory causes of importance:	
Bilateral cataract	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. Alfred Van Demer M. D.

(Address) St. Agnes Hos

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86298

E 86298

161-004

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3030 Clifton Pk Ter (ST.) 8-01 (WARD)

2-FULL NAME Baby Boy Fahey

(a) RESIDENCE No. 3030 Clifton Pk Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-4-33

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer) baby

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Fahey

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaretta Dill

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Edward Fahey
(Address) 3030 Clifton Pk Ter

15 JAN 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1933

17 I HEREBY CERTIFY, That I attended deceased from 1-4, 1933, to 1-5, 1933

that I last saw him alive on 1-5, 1933

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed David Weller, M. D.

1/6, 1933 (Address) 1500 Edwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mear's Southwood DATE OF BURIAL 1-6 1933

20 UNDERTAKER Frederick A. Cole ADDRESS 1200

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1263-9

E 86299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86299

93-033

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Rayner Ave St. Hard Ward)

Length of residence in city or town where death occurred 70 yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth A. Lamb

(a) Residence: No. 2801 Rayner Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 - 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90		22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Theodore Marshall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel A. Fullerton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Cecila A Marshall

(Address) Port Deposit Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 7 1933

19. UNDERTAKER Mary A Garthrop

(Address) 2933 Rayner Ave

20. FILED Jan 7 1933 [illegible] Registrar.

6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Jan 4 1933

I last saw her alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Jan 1932

Other contributory causes of importance:

Myocarditis, Oedema of Lungs

Name of operation none Date of ✓

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John L. Thatcher M. D.

(Address) 1219 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86300

CERTIFICATE OF DEATH

93-003

27-57

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5921 Marluth Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jane Boone

(a) Residence: No. 5921 Marluth Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Boone

6. DATE OF BIRTH (month, day, year) Nov. 12 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Gray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emeline Waltham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emma Taudt

(Address) 5921 Marluth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Jan. 7 1933

19. UNDERTAKER John F. Dean

(Address) 915 Light St.

20. FILED JAN 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1932, to Jan 4th 1933

I last saw her alive on Jan 3 1933. Death is said to have occurred on the date stated above, at 12.05 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dec 25th
Other contributory causes of importance:	
Myocardial Insufficiency	Jan 1st

Name of operation — Date of —

What test confirmed diagnosis Organs Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. A. Benson M. D.

(Address) Overlea Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86301 E 86301

CERTIFICATE OF DEATH

Registered No. 7131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Cook

(a) Residence: No. 87 Washington Ave St., Annapolis Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelene Cook

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Joseph Cook

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Rachel Johnson

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT Rachel Cook
(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL Annapolis Md
Place Brown Funeral Home Date 1/9 1933

19. UNDERTAKER Chas E. Hinkley
(Address) 37 Main Annapolis Md

20. FILED N 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1933 to 1-6 1933

I last saw him alive on 1-6 1933. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. J. Lanza M. D.

(Address) Provident Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 86302

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2650 Harlem Ave. St. (16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry V. Griffith

(a) Residence: No. 2650 Harlem Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene C. Griffith

6. DATE OF BIRTH (month, day, year) June 13, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asphalt Block & Tile Co

10. Date deceased last worked at this occupation (month and year) December 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John J. Griffith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Farries

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

17. INFORMANT Mrs. Irene C. Griffith

(Address) 2650 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 7, 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 N. Baltimore St.

Interred in Holy Cross, N.Y.

19 Registrar.

N 6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1933

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932 to Jan 3, 1933

I last saw h... alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Dec 24 1932

Other contributory causes of importance:

Myocarditis, Oedema of Lungs

Name of operation none Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Packard, M. D.

(Address) 1219 Poplar Grove St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86303

CERTIFICATE OF DEATH

Registered No. 11-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Sherbert (Maruerite K. Sherbert)
(a) Residence: No. 1710 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laurence Sherbert

6. DATE OF BIRTH (month, day, year) Feb 18, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	18	17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Md

FATHER
13. NAME Harry Garnett Gerand
14. BIRTHPLACE (city or town) (State or country) Westminster, Md

MOTHER
15. MAIDEN NAME Ada Kinser
16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Cem. Date Jan 7, 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.
Registrar.

FILED JAN 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1932, to 1-5, 1933
I last saw h. alive on 1-5, 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza 5	1-1-33
Bronchopneumonia	
Other contributory causes of importance:	
Bronchial Asthma	?

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
1-5-33 (Signed) Elmer Highbarger M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86304

CERTIFICATE OF DEATH

95-002

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Collington Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albertina Beefelt

(a) Residence: No. 1411 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 5, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Edward H. Beefelt

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Theresa Shenkel

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Helen O'Brien
(Address) 1411 N. Collington Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Western Cemetery Date Jan. 7, 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

20. 1-6-1933 Huntington Pettigrew, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to Jan 5, 1933

I last saw her alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Organic Dis of Heart — Date of onset ?

Other contributory causes of importance:

Prostatectomy Advanced years

No Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) T. J. Horwood M. D.

(Address) 939 W. Fayette St.

MARGINAL ITEMS OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86305

CERTIFICATE OF DEATH.

13 √ E 86305

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1009 E. Lanvale ST. 9-01 WARD)

2-FULL NAME Nicholas H. Leight

(a) RESIDENCE NO. 1009 E. Lanvale ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Leight

6 DATE OF BIRTH (month, day, and year) October 22, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	12 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floorman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Maryland Biscuit Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER John Leight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sophia Kroh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. Clara Leight
(Address) 1009 E. Lanvale St..

15 Filed JAN 6 1933 . 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/1933.

17 I HEREBY CERTIFY, That I attended deceased from 12/20/. 1932. to 1/4/. 1933.

that I last saw h lmalive on 1/4/. 1933.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. 6 mos 15 ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) S. Lee Magness, M. D.

1/5. 1933 (Address) 1206 E. Preston.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 7 1933

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86306

CERTIFICATE OF DEATH

E 86306

92-001

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Frederick Ave. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Everett H. Brooks

(a) Residence: No. 2030 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 21, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Sylvester L. Brooks

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah James

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mr. Sylvester L. Brooks
(Address) 2030 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 7, 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1003 E. Baltimore St.

FILED JAN 6-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930 to Jan 4, 1933

I last saw him alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic arthritis	

Other contributory causes of importance:

mitral stenosis & insufficiency

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. J. Kyger, M. D.

(Address) 3321 Frederick Ave.

STATEMENTS OF DEATH in plain terms, so that it may be properly classified. Exact statements OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 86307

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86307

CERTIFICATE OF DEATH

v 48

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3605 Brehms Lane (St.) (Ward) 61

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U.S. If of foreign birth? ...yrs.....mos.....ds.

2. FULL NAME Mary E. Ackerman

(a) Residence: No. 3605 Brehms Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Ackerman

6. DATE OF BIRTH (month, day, year) Dec. 27 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

13. NAME William Meyer

FATHER

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

15. MAIDEN NAME Catherine Schneider

16. BIRTHPLACE (city or town) (State or country) Coblentz Germany

17. INFORMANT Edward Ackerman
(Address) 3605 Brehms Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Cem. Date Jan 9, 1933

19. UNDERTAKER Friedrich Funeral Home
(Address) 1424 Eutaw Place

FILED JAN 6 1933 Huntington Williams, M.D. C.A.F.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932, to Jan. 6th, 1933

I last saw her alive on Jan 5, 1933 death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	Jan 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Schaefer, M. D.

(Address) 2903 Echodale Av

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86308

CERTIFICATE OF ~~DEATH~~

E 86308

107-001

1. PLACE OF DEATH Md. General Hospital 8-01 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Dora Wagner

(a) Residence: No. 1609 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Wagner

6. DATE OF BIRTH (month, day, year) Nov 17 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Forlsdan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Suptio ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Drechter

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan 9 1933

19. UNDERTAKER Frederick Funeral Home

(Address) 7401 Belair Road

20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—6 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1932 to 1—6 1933

I last saw h[illegible] alive on 1—6 1933. Death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis, Cholecystitis with Cholelithiasis	12-30-32
Cardiac & Renal	
Decompensation	1-2-33

Other contributory causes of importance:

Uremia	1—2—33
Bronchial Pneumonia	

Name of operation Cholecystectomy Date of 12/30/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Chase ..... M. D.

(Address) Md. General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 6-1933

M. D. B. 1268-9

86309

HEALTH DEPARTMENT—CITY OF BALTIMORE 86309

CERTIFICATE OF DEATH

Registered No. V 34

1. PLACE OF DEATH St. Josephs Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 17-01 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Mack

(a) Residence: No. 526 W Lanvale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alice Mack

6. DATE OF BIRTH (month, day, year) ? 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/7/33 19

19. UNDERTAKER Mrs. Geo. E. Keller
(Address) 16 & Druid Hill Ave

20. FILED Registrar.

N S 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Jan. 5 1933

I last saw h[illegible] alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal	?
Cardiac Asthma	
Pulmonary edema	1/4/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennard M. D.

(Address) St Josephs Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9.

E 86310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86310

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgeanna Smith

(a) Residence: No. Glen Arm Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Prov. Hosp. Record

18. BURIAL, CREMATION, OR REMOVAL

Place Long Green Md Date 1/7/33 19

19. UNDERTAKER: Mrs. Geo. H. Heilman

(Address) Huntington Williams, N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4 to 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 to 33, 19.....

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic myocarditis	8 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H Leik M. D.

(Address) Govans

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-E 86311

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Balto. Md St. 18 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sue E. Christopher

(a) Residence: No. 1205 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John ?

6. DATE OF BIRTH (month, day, year) Feb 24 - 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Paige Co, Va.

FATHER

13. NAME Sam Shanko, Va

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Harriet Frederick

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 1/6/33, 19....

19. UNDERTAKER Bernard A Finke & Bro, 1st Washington Blvd, Huntington Williams, Ind.
(Address)

FILED JAN 6 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-33

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932 to 1-4, 1933

I last saw h[illegible] alive on 1-4, 1933 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-31-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1-5-33 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86312 — V E 86312

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 4-C Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph, Kaesis

(a) Residence: No. 1801 Mc Henry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day, year) About 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. William Huckman

(Address) 1801 Mc Henry St. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 9th 19 33

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 5 1933, to Jan. 6, 1933.

I last saw him alive on Jan 6, 1933. Death is said to have occurred on the date stated above, at 10 20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/1/33

Other contributory causes of importance:

Toxemia	1/5/33

Name of operation None Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. General Hospital

BE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16-1933

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86313

CERTIFICATE OF DEATH

V 131 E 86313

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Hanover St. 23-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Martin

(a) Residence: No. 1805 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Sarah R. Martin

6. DATE OF BIRTH (month, day, year) Nov 16th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse for Loyed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Private family~~ Private

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sarah R Martin
(Address) 1805 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 9th 1933

19. UNDERTAKER Wm Cook
(Address) 1817 St Paul St
Washington Williams Asst.

20. FILED 16-1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1933

22. I HEREBY CERTIFY. That I attended deceased from Dec 16th 1932 to Jan 5th 1933

I last saw h~~e~~r alive on Jan 5th 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. J. Sunkes M. D.

(Address) 119 N. Milton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86314

E 86314

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Wilkens Ave 21-6 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis P. Chaney

(a) Residence: No. 2639 Wilkens Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Evelyn Chaney

6. DATE OF BIRTH (month, day, year) Mar 17th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George W. Chaney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rachel Fisher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pearl C. Fambach

(Address) 2639 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 9th 1933

19. UNDERTAKER Wm Cook

(Address) 1212 St Paul St

Huntington Williams Woods

Jan 9 1933

FILED

N6-1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Jan 4 1933

I last saw h~~im~~ alive on Jan 4 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other contributory causes of importance:

Acute Cerebral Delirium	2 dys
Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fanny Glassman M. D.

(Address) 2600 Wheeler Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86315

CERTIFICATE OF DEATH

V 13 E 86315

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 E North Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belerma A. Henderson

(a) Residence: No. 1905 E North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel S. Henderson

6. DATE OF BIRTH (month, day, year) Sept. 4th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Talbot Co.
(State or country) Maryland

FATHER

13. NAME Thomas T. Ritter

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sidney Bell

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Gertrude Carrick
(Address) 1905 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cemetery Date Jan. 8th 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED JAN 6 1933 Huntington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h[illegible] alive on 1/6 1933 death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hal Talbot, M. D.

(Address) 2026 Eutaw Pl

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86316

E 86316

CERTIFICATE OF DEATH

X 124-002

Registered No. E 86316

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins Ave 25-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Susan Bartlett

(a) Residence: No. Westminster Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Madison Bartlett

6. DATE OF BIRTH (month, day, year) Feb 11, 1870

7. AGE: Years 62 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel Hardy

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Madison Bartlett

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL Place Meadow Branch Date Jan 8 1933

19. UNDERTAKER C. O. Fuss & Son

(Address) Westminster, Md.

Huntington Wilkins, M.D.

1-7-1933 19 ... C. O. F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Jan 6, 1933

I last saw h.e.r alive on Jan 6, 1933 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Hypertension	

(Other contributory causes of importance:

Terminal Pneumonia

Hypostatic

Name of operation Exploratory Laparotomy Date of 12-23-32

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gorsuch M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-S

86317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86317

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St., 19-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Sugenskey

(a) Residence: No. 201 S. Woodyear St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Sugenskey

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany Balto. City

17. INFORMANT Records Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1/9/33
Place Western

19. UNDERTAKER
(Address)

19 Registrar.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1933 to 1-5, 1933

I last saw h alive on 1-5, 1933 Death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	1-1-33
Other contributory causes of importance: Bronchopneumonia	1-2-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

1-6-33 (Signed) Elmer Hochberger M. D.

(Address) Balto City Hospitals Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86318

E 86318

CERTIFICATE OF DEATH

Registered No. V 82-99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Ulrich

(a) Residence: No. 219 Mc Henry St., Ward.

(If non-resident give city or town and State)

(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalene Seiler

6. DATE OF BIRTH (month, day, year) May 15 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gartlett, Maynard

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Daniel Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rinkenauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ulrich

(Address) 219 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Westlawn Date 1/7, 19

19. UNDERTAKER F. B. Ruppert

(Address) 532 Eastern Ave

20. FILED 1/7, 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 to , 19 Death is said

I last saw h alive on , 19 to have occurred on the date stated above, at 7:15 a m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

Spec.—8-16-29—L. F. S.—100 Bks.

E 86319

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 / E 86319

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Goodwood Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta M. Franck

(a) RESIDENCE NO. 2601 Goodwood Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Milton H. Franck

6 DATE OF BIRTH (month, day, and year): May 12-1870

7 AGE: Years 62 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 077

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Clinton Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Enoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Anna May Franck

(Address) 2601 Goodwood Rd Huntington Williams, W. Va.

15 Filed: 7-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5-1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932 to Jan. 5, 1933, that I last saw h[illegible] alive on Jan. 3, 1933 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast.

(duration) 11/2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. W. White Jr. M. D.

1/6, 1932 (Address) 2800 N Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan. 7 1933

20 UNDERTAKER: Chas. E. Franck

ADDRESS: 702 Madison Ave

Important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86320

E 86320

CERTIFICATE OF DEATH

Registered No. 107-661

1. PLACE OF DEATH Providence Hospital 17-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dumas St.

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Ray

(a) Residence: No. 719 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/12/1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Emma Ray
(Address) 517 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/9 1933

19. UNDERTAKER Charles H. Burkett
(Address) 221 N. Carey St

20. FILED N 7 1933 Hunting for Williams N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1933 to 1-5 1933
I last saw h[er] alive on 1-5 1933 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-1-33
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B Harris M. D.
(Address) Providence Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86321 CERTIFICATE OF DEATH V 13 E 86321

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Aiken St. 9-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie M. Geiwitz

(a) Residence: No. 2305 Aiken St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. J. Geiwitz

6. DATE OF BIRTH (month, day, year) May 25 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frank Gruzicka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Sophia Kasper

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT M. John. J. Geiwitz

(Address) 2305 Aiken St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Jan. 9 1933

19. UNDERTAKER Henry Roech Sons Inc.

(Address) 1301 E. Baltimore St.

20. Filed ... 19... Registrar.

7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Jan 5 1933

I last saw her alive on Jan 5 1933. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Influenza & Hypostatic Congestion — Date of onset 6 Days

Other contributory causes of importance:

Chronic Myocarditis — Date of 1 Day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dennis J. Cook M. D.

(Address) 4137 Washington Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86322

CERTIFICATE OF DEATH

108 E 86322

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Old York Rd 12-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva V. Mullan

(a) Residence: No. 4002 Old York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A. Mullan

6. DATE OF BIRTH (month, day, year) June 1, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Cornthwaite

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia Davis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. A. J. Gall
(Address) 4002 Old York Rd

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date Jan 7, 1933

19. UNDERTAKER John A. Magee
(Address) 3800 E. Baltimore St.

Jan 7 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to Jan 5, 1933

I last saw h[illegible] alive on Jan 5, 1933 Death is said to have occurred on the date stated above, at [illegible] m. 12:10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 25 n

Other contributory causes of importance:

Tuberculosis	Jan 3-U

Name of operation ——— Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) S. W. Bishop M. D.

(Address) 521 Glendale Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the particulars, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 86323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86323

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1405 W. LANVALE ST. (16-01 WARD)

2-FULL NAME William H. Payne

(a) RESIDENCE NO. 1405 W. LANVALE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Payne

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Club doorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Cassell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Bertha Green 525 W. Lanvale St.

15 [illegible] Registrar

N 7-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1933

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to 1-5 , 1933.

that I last saw h alive on 1-5 , 1933.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) Don't Know yrs. mos ds.

CONTRIBUTORY (Secondary) Don't Know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Gosnell, M. D.

1933, (Address) 117 N. Dansbury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan 9 1933

20 UNDERTAKER Jesse M. Reddew — ADDRESS 436 W. Biddle St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 86324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86324

CERTIFICATE OF DEATH

94-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Old York Road St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME John Miller

(a) Residence: No. 3728 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christine Miller

6. DATE OF BIRTH (month, day, year) Dec 27/1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Dec Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Evert Miller

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Esther Hoagers

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Esther Miller Trapp
(Address) 3728 Old York Road

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date Jan 7 1933

19. UNDERTAKER Chas. S. Black
(Address) 742 W. Preston ave

20. FILED 7-1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos E North Coroner, M. D.

(Address) 508 E North ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86325

E 86325

CERTIFICATE OF DEATH

23

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Dallas ST. 3-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Aaron Jones

(a) RESIDENCE NO. 215 S. Dallas ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Benjamin Jackson

(Address) 215 S Dallas

15 Filed ..... 19 ..... Registrar

7-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3, 1933.

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1933, to January 3, 1933, that I last saw h. im alive on January 3, 1933, and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St, Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 1/7 1933

20 UNDERTAKER Samuel J. Beasley

ADDRESS 598 N Bidle

Important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86326

CERTIFICATE OF DEATH

V E 86326

1. PLACE OF DEATH Provident Hospital 167-001 Registered No.

CITY OF BALTIMORE: (No. 1614 Dimmore St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Brookes

(a) Residence: No. 1740 Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Eugene Lee (Address) 1740 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Co Date 1-9-33, 19....

19. UNDERTAKER Samuel F. Leverton (Address) 1782 E. Broadway

20. FILED ..... 19.....

N 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1933 to 1-6, 1933

I last saw h.e alive on 1-6, 1933. Death is said to have occurred on the date stated above, at 5:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	12-28-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86327

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Park ave St. 11-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Orange Linck

(a) Residence: No. 1129 Park ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of) Carrie Linck

6. DATE OF BIRTH (month, day, year) Jan 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45		?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Co N C

FATHER

13. NAME Rev N C Linck

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Martha Engram

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Carrie Linck
(Address) #1129 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 1/9/33 19....

19. UNDERTAKER Samuel P Brenglass
(Address) 528 E Baltimore St

20. FILED 7-1933 [illegible] for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Jan 5 1933

I last saw him alive on Jan 5 1933. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 days
Other contributory causes of importance: Influenza	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jas C Carper M. D.

(Address) 1733 Madison ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86328

CERTIFICATE OF DEATH

E 86328

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 Laurens St. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Glen Forest

(a) Residence: No. 1619 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jas E Forest

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Pauline Smith

14. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Jas E Forest
(Address) 1619 Laurens

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 1-7 19 33

19. UNDERTAKER J. E. Nelson
(Address) 303 Huntington Ave

7-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	1 day

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Hurst Coroner M. D.
(Address)

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-0

86329

HEALTH DEPARTMENT—CITY OF BALTIMORE

86329

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Bank St 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA YAEGER

(a) Residence: No. 1738 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Yaeger

6. DATE OF BIRTH (month, day, year) June 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Remlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. James Jewer (Daughter)
(Address) 1713 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Jan. 8. 1933

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. & Broadway

20. Filed [illegible] Registrar.

N 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 33 to Jan 4 33

I last saw h[illegible] alive on Jan 4 33 Death is said to have occurred on the date stated above, at 11.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/29/32
Other contributory causes of importance:	
Acute Cardiac dilatation	1/4/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Pyle Smith M. D.

(Address) 808 Lakewood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-2

B 86330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86330

79-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced Dead at Johns Hopkins Hospital, 6-01 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHRISPULO GUTIERREZ

(a) Residence: No. 120 S. Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 19.1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chrispulo Gutierrez

14. BIRTHPLACE (city or town) (State or country) Porto Rico

MOTHER

15. MAIDEN NAME Lillian Collison

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Lillian Gutierrez

(Address) 120 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date Jan. 7.1933

19. UNDERTAKER Henry Sander & Sons Inc. [illegible]

(Address) Baltimore [illegible]

20. FILED 1-7-1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5.1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis-about 5 days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 502 E. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86331 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86331

CERTIFICATE OF DEATH

Registered No. 79-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 1-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Finger

(a) Residence: No. 734 S. Lemmard Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad Finger

6. DATE OF BIRTH (month, day, year) October 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Father Edward Felder

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Cecelia Felder

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Charles Berechler
(Address) 3112 Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date Jan. 9 1933

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

20. FILED Jan 10 1933 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/5/33 19 to January 6 1933.

I last saw her alive on January 6 1933. Death is said to have occurred on the date stated above, at 7:52 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Meningitis Pneumonococcic	1/5/33.
2. Respiratory failure-	1/6/33.

Other contributory causes of importance:

3. Heat regulatory Center Altered	1/5/33

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

ANT-1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86332

E 86332

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 O'Donnell St. 26-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonia Poetzl

(a) Residence: No. 3210 O'Donnell St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Poetzl

6. DATE OF BIRTH (month, day, year) Oct. 4-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Paulus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julia Bocklage

(Address) 102 S Bouedish St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Jan. 9 1933

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager st

20. FILED JAN 7 1933 H. Tinston Wise, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from December 26 1932 to January 5 1933

I last saw h[illegible] alive on January 4 1933 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 26, 32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Caleb V. Athey M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86333

E 86333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 Eastern Ave St. 9E-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Ennes

(a) Residence: No. 5207 Eastern ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Ennes

6. DATE OF BIRTH (month, day, year) Mch 22d 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Helen Ennes
(Address) 5207 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date Jan 8, 1933

19. UNDERTAKER George W. Dukeler
(Address) 1737 E. Eager st.

20. FILED JAN 9 1933 Wilmington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 5 1933

I last saw him alive on Jan 5 1933 and that death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 mo.

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick H. Hermann M. D.

(Address) 1913 E. Baltimore St.

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86334

E 86334 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N Josephs Hosp St., No-01 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Rogers

(a) Residence: No. 709 S Highland Ave. Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 29 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	9	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Rogers

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Anna Long

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John C. Rogers
(Address) 604 N. Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn cem. Date Jan. 8, 1933

19. UNDERTAKER George W. Zurhelen
(Address) 1737 E. Eager St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 4, 1933

I last saw her alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 315 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Toxemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Albert Kennard M. D.

(Address) St Josephs Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1932

E 86335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86335

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto Md St., 9-21 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Creagh

(a) Residence: No. 1718 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Oct. 27-186x

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	9	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoisting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry ?

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Vane

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan. 7 19 33

19. UNDERTAKER George W. Zirkler
(Address) 1237 E. Eager St

20. FILED ..... 19 ..... Registrar

JAN 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 19 33

22. I HEREBY CERTIFY, That I attended deceased from 12-27 19 32 to 1-5 19 33

I last saw h. alive on 1-5 19 33 Death is said to have occurred on the date stated above, at 1.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-27-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-3-33 (Signed) Charles Hitchcock M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 86336 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86336

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Murphy

(a) Residence: No. 1935 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-9-27

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ruth Boarman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Ruth Murphy
(Address) 1935 W. Lombard St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lyndon Park 1-9 1933

19. UNDERTAKER Daniel Easton
(Address) 964 Huntington Ave. Balto. Md.

JAN 7 - 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933 to January 5 1933

I last saw h~~im~~ alive on January 5 1933 death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1/5/33
Bronchopneumonia	1/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. H. Douglas M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 E 86337

Registered No. 35 E 86337

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Flemmings

(a) Residence: No. 959 Bennett St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Tucker Flemmings

6. DATE OF BIRTH (month, day, year) Jan 24, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Upshur

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Shipley

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Tucker Flemmings
(Address) 959 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan. 7, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 32 [illegible] St.

JAN 7 - 1933

[illegible] Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933, to January 3, 1933

I last saw her alive on Jan 3 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis.	Dec 16
due to Salpingitis.	
Other contributory causes of importance See other side	
Under Terminal Dr Fletcher Coroner	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Gunthorpe Higgins M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... may be properly classified.

A3Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86338

E 86338

CERTIFICATE OF DEATH

✓23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Argyle Ave. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth McCleese

(a) Residence: No. 904 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles McCleese

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924 Wyatt City

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME J. J. McCleese

14. BIRTHPLACE (city or town) (State or country) Wyatt City Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Priscilla Reynolds
(Address) 904 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place National Cemetery Date Jan 10, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St. Huntington, Williams, W. Va.

20. FILED JAN 7 - 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933 to Jan 4, 1933

I last saw h[illegible] alive on Jan 4, 1933 death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	1929
Other contributory causes of importance:	

Name of operation nnn Date of nn

What test confirmed diagnosis? ..... Was there an autopsy? nn

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Lowery M. D.

(Address) 753 Eslonge

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 86339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86339

CERTIFICATE OF DEATH

✓ 87-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2211 Rogers Ave ST. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pleasant C. Hunter

(a) RESIDENCE NO. Home for the Aged of the M.E. Church WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. ✓ mos. ✓ ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 24. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) White Hall Md

PARENTS

10 NAME OF FATHER Peter Hunter

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country) White Hall Md

12 MAIDEN NAME OF MOTHER Mary Elliott

13 BIRTHPLACE OF MOTHER (city or town) ✓ (State or country) White Hall Md

14 Informant Records of the M. E. Home

(Address) 2211 Rogers ave

15 Filed 1-7-1933, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 6. 33

17 I HEREBY CERTIFY, That I attended deceased from Jany 2, 1933, to Jany 6, 1933, that I last saw h[illegible] alive on Jany 5, 1933, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Jany 2-33

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C Shannon, M. D.

1/6. 19 33 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery Baltimore	Jan 7 1933
20 UNDERTAKER George J. Smith	ADDRESS 1352 Walbrook Ave.

M. D. B. 1268-B

E 86340 2665 90

HEALTH DEPARTMENT—CITY OF BALTIMORE

86340

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lester Stennis

(a) Residence: No. 14 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen

6. DATE OF BIRTH (month, day, year): Dec 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: George Stennis

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Elizabeth Riser

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Md Medical College Date Jan 7 19 33

19. UNDERTAKER

(Address)

FILED JAN 7 1933 0035 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932 to Dec 31, 1932

I last saw him alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3. streptococcus septicemia	

Other contributory causes of importance:

1) Amputation + drainage thigh 11-5-32
2) Approach temp. healing intertrochanteric 12-4-32

Name of operation 3) Enucleation, left eye Date of 12-19-32

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Carmichael Leighton M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 86341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86341 E 86341

Registered No. 23

1. PLACE OF DEATH: Baltimore City Hospitals (The) St. 3 Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Acey Jennings

(a) Residence: No. 403 Friendship st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Jennings

6. DATE OF BIRTH (month, day, year) Dec. 25, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Janison Jennings

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Grace ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 7 19 33

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5 1933

22. I HEREBY CERTIFY, That I attended deceased from December 30 1932, to January 5 1933

I last saw him alive on January 5 1933. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stacey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 7-1933 036

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86342 86342

CERTIFICATE OF DEATH

Registered No. V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 4-06 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Parker

(a) Residence: No. 314 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

FATHER

13. NAME Joseph Parker

14. BIRTHPLACE (city or town) (State or country) Hannah ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. McCahan Date Jan 7 1933

19. UNDERTAKER

(Address)

20. FILED JAN 7 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-13 1932 to 1-4 1933

I last saw h[illegible] alive on 1-4 1933 Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	8-13-31

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

1-5-33 (Signed) Chas H. Fahrney M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

003

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86343

E 86343

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 2-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Barnett

(a) Residence: No. 16 W. York St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Barnett

6. DATE OF BIRTH (month, day, year) 9-9-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	- 3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Centreville, Md

FATHER

13. NAME Isaiah Newman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Lizzie Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friend Balto City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place J.Y. Med College Date Jan 7 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JAN 7 1933 0038 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1932 to 1-5 1933

I last saw her alive on 1-1 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	9-1-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-5-33 (Signed) Louis Hirshberg M. D.

(Address) Balto. City Hospitals

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Write CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86344 E 86344

CERTIFICATE OF DEATH

92-001 Registered No. 92-001

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Northway Apts. 3700 N Charles St. 12-01 Ward)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? 55 yrs. 2 mos. 15 ds.

2. FULL NAME George Davis Spilcker

(a) Residence: No. 3700 N Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 21 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	2	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles W Spilcker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kate Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Julia Spilcker (sister)
(Address) 3700 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt Date Jan 7 1933

19. UNDERTAKER Stewart Motor Co.
(Address) 23 W Lanvale

7-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1932 to Jan 5 1933

I last saw h.. alive on Jan 5 1933. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1/4/33
Mitral Regurgitation 6 Months	1932
Other contributory causes of importanre:	
Chr Interstitial Nephritis	1932
Arteriosclerosis	1932

Name of operation none Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external cnuses (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F Chandler M. D.

(Address) 3913 Old Court Rd

M. D. R. 1268-9

E 86345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86345

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital, 29th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Lou Heemann

(a) Residence: No. 6009 Edna Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 10, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Mr. W. D. Heemann

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Miss L. Lange

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mr. Wm. J. Steemann
(Address) 6009 Edna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Date 1/10, 1933

19. UNDERTAKER Louis Steemann
(Address) 325 S. Broadway

Huntington Williams M.D.
Registrar.

20. FILED 1-10-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1933, to Jan. 7, 1933

I last saw her alive on Jan. 7, 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	Jan 1-33
c Peritonitis	
Other contributory causes of importance:	
Bronchopneumonia	Dec 31-32

Name of operation Appendectomy Date of 1-3-33

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dr. H. Royce M. D.
(Address) Balto. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

7-1933

M. D. B. 1268-9

E 86346 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86346

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N Carey St 16-91 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice L Jackson

(a) Residence: No. 701 N Carey St St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 31

6. DATE OF BIRTH (month, day, year) Mar 16 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Frank Jackson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Gussie Bowley

16. BIRTHPLACE (city or town) (State or country) Emporia Va

17. INFORMANT Frank Jackson

(Address) 701 N Carey St

18. BURIAL, CREMATION, OR REMOVAL Emporia Va

Place Arch Hill Date Jan 8, 1933

19. UNDERTAKER Clarence E Wright

(Address) 1002 Carrollton Ave

Registered Huntington Williams Reg.

FILED JAN 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/33 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6/33, 19 to 1/7/33, 19

I last saw h alive on 1/7/33 19 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) W. L. Buckwalter M. D.

(Address) 1744 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

N8-1933

M. D. B. 1268-9

E 86347

E 86347 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Elizabeth Stonebraker

(a) Residence: No. 2131 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Weaverton Md

FATHER

13. NAME George Edward Stonebraker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen Claggett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 9 1933

19. UNDERTAKER Henry W. Jenkins Sons Co.
(Address) McCulloh & Eutaw Sts.

20. FILED JAN 1933 Hunter Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1932 to Jan 7 1933

I last saw her alive on Jan 4 1933 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 3/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard L. Pyburn M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86348

H 86348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4054 Park Heights Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Jacobson

(a) Residence: No. 4054 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Eleazer Bear Jacobson
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Eisenberg
(Address) 4054 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rodeph Shalom Cem
Date Jan 8, 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

20. FILED Jan 9 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1932, to Jan 6th, 1933
I last saw her alive on Jan 6th, 1933 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	
Coronary Thrombosis	12/28/32
Cerebral Embolism	1/30/32
Other contributory causes of importance: Pulmonary Edema	1/6/33

Name of operation 0 Date of .....
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Alex A Wainstock M. D.
(Address) 713 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

8-1933

M. D. B. 1268-9

B 86349 E 86349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Central St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 2 yrs. ..... mos. ..... da.

2. FULL NAME Grada Lafayette

(a) Residence: No. 125 N. Central St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kalman

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Lewinsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Rosen - Son in Law

(Address) 125 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-8-33 19

19. UNDERTAKER Isaac Lewis Jr.

(Address) 1439-41 E. Baltimore St

JAN 8 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Jan 7 1933

I last saw her alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 Dy

Other contributory causes of importance:

Chron Nephritis Hypertension	3y

Name of operation ..... Date of .....

What test confirmed diagnosis Coma Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) M. Baylus M. D.

(Address) 2040 Eutaw

M. D. B. 1268-9

Cumin

E 86350

86350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Quantico Ave St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 24 yrs. ..... mos. ..... da.

2. FULL NAME Anna Pumpian

(a) Residence: No. 2619 Quantico Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Pumpian
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jewish Rest Date 1-8-33 19

19. UNDERTAKER Carl Lewis Son
(Address) 439 E. Baltimore St

20. FILED JAN 8 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932 to Jan. 6, 1933

I last saw her alive on Jan. 6, 1933 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	Unknown
Other contributory causes of importance:	
The Grippe	12/25/32

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William H. Cumin M. D.

(Address) 2210 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 86351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86351

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Lanvale St. 15-01 (Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Mary Gallear

(a) Residence: No. 2910 Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Gallear

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Gallear
(Address) 101 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cem. Date 1-8 1933

19. UNDERTAKER Jack Levy Levy
(Address) 1439 E. Baltimore St.

I. E. Jan 8 1933 Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1932 to Jan. 6, 1933

I last saw him alive on Nov. 15, 1932. Death is said to have occurred on the date stated above, at 8.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-renal Disease	Several yrs
Coronary artery Disease	2 yrs ago
Other contributory causes of importance:	
Acute Coronary Thrombosis	Jan 6, 1933

Name of operation None Date of —

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No ... If so, specify ...

(Signed) A. A. Freeman M. D.

(Address) 2340 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 86352

E 86352 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St. Jail Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Goodman

(a) Residence: No. 4115 Norfolk Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 15, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Goodman

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Lena Goldman

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Louis Goodman
(Address) 4115 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Fulton Washington Blvd Date 1-8 1933

19. UNDERTAKER Levi Levin Inc
(Address) 1439 E. Baltimore St

20. FILED JAN 8 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 6, 1933
I last saw her alive on Jan 6, 1933. Death is said to have occurred on the date stated above, at 1 3/8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Tracheo-Bronchitis	Jan 3-
Other contributory causes of importance:	

Name of operation Tracheotomy Date of 1-6-33

What test confirmed diagnosis? Laboratory Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Myron G Tull M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86353 E 86353

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lubai Hospital St., 3-01 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Taylor
(a) Residence: No. 1503 E. Balto St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME Louis Taylor
14. BIRTHPLACE (city or town) (State or country) RUSSIA.

MOTHER

15. MAIDEN NAME Esther Rutkow
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Taylor
(Address) 1503 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 1-8 19...

19. UNDERTAKER Jack Levine
(Address) 1439 E. Balto St

20. FILED 1-8-1933 Hunter Wm Levine M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1933

22. I HEREBY CERTIFY, That I attended deceased from January 3 1933 to January 7 1933
I last saw him alive on January 7 1933 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pulmonary tuberculosis spontaneous pneumothorax, L.	1/2/33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. Katzenstein M. D.
(Address) Lubai Hospital

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

A4Co. 5-31 250B

E 86354

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86354

CERTIFICATE OF DEATH

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. B. & A. R.R. Regan-Dukeland St. [illegible] Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Wollman

(a) Residence: No. 1920 E Fairmount St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	2423	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Wollman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Date 1-8 1933

19. UNDERTAKER Jack Lewis Bros.
(Address) 1439 E Baltimore St.

20. FILED [illegible] Huntington Woollen Mfg. Co.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932, to Jan 7, 1933

I last saw h[illegible] alive on Jan 7, 1933 death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
Metastasis to sperm	?
	Nov

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

A&Co. 5-11-2M

86355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86355

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 324 ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME David Cohen

(a) Residence: No. 132 N. Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) .....

11 Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Cohen
(Address) 132 N. Exeter

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Cemetery Date 1-5 1933

19. UNDERTAKER Jack Levin Inc
(Address) 1433 E. Baltimore St.

20. FILED Huntingtons Williams, M.D. 1/7/33
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933 to January 5, 1933
I last saw him alive on January 5, 1933 death is said to have occurred on the date stated above, at 1:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tumor	
or	
Aortic Aneurysm	?
Other contributory causes of importance:	
Arteriosclerosis	Long

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 86356

CERTIFICATE OF DEATH

118.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 E Biddle St., 8-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Moffett

(a) Residence: No. 2521 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick Moffett.

6. DATE OF BIRTH (month, day, year) 1819

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Keary.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Ireland.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. May Herbert Haughton

(Address) 2215 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Rd.

Place Holy Cross. Date Jan 9. 1933

19. UNDERTAKER D. O'Leary

(Address) 1900 E. Eastern Ave.

20. FILED ... 19... Registrar

JAN 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Gastric Hemorrhage	
Cause undetermined.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. Dolan Coroner, M. D.

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

E 86352

E 86357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 96-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Newkirk St., 96 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paulina Pobiecka

(a) Residence: No. 907 N Newkirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Pobiecki

6. DATE OF BIRTH (month, day, year) June, 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Szczepiata

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Wisniewski Daughter
(Address) 1932 E 1st St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 9, 1933

19. UNDERTAKER F. W. Orzewski
(Address) 1930 Eastern Ave

20. FILED JAN 8 - 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1932 to Jan. 6 1933

I last saw her alive on Jan. 5 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Terminal Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J. Kreager M. D.

(Address) 1600 E. Baltimore Street

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

E 86358

E 86358

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3828 Sequoia Ave ST. 15-01 WARD)

2-FULL NAME Charles Mortimer Martindale

(a) RESIDENCE NO. 3828 Sequoia Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~
M	W.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bragg Martindale

6 DATE OF BIRTH (month, day, and year) Jan 31-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pres. 86
(b) General nature of industry, business, or establishment in which employed (or employer) Homestead
(c) Name of employer Finlayson Co Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS
10 NAME OF FATHER Henry H. Martindale
11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Barrancas Fla
12 MAIDEN NAME OF MOTHER Henrietta Jones
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary B. Martindale
(Address) 3828 Sequoia Ave

15 Filed JAN 8 1933 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-1933

17
I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932, to Jan 7/33, 19...
that I last saw h.. alive on Jan 7/33
and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Acute dilitation of heart and acute oedema of lungs (duration) ½ hr mos ds.

CONTRIBUTORY (Secondary) myocarditis from history about (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Observed

(Signed) Walter S Hulett M. D.
Jan 7/33 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 9 1933

20 UNDERTAKER Bertrand & Co ADDRESS 2334 N Charles St.

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

E 86359

86359 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86359

CERTIFICATE OF DEATH

V 122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward) 1

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alma Bernstein

(a) Residence: No. 3800 Forest Pk. Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Bernstein

6. DATE OF BIRTH (month, day, year): Feb. 12 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year): 12/20/32

11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Jacob Minz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Betty Franke

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital records

(Address) 2nd Gen. Hospt.

18. BURIAL, CREMATION, OR REMOVAL

Place Oheb Shalom Date 1/9 19 33

19. UNDERTAKER: J. A. Ireland Co

(Address) 623 W. Fayette St

20. FILED 1/9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/6 — 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1932 to 1/6 1933

I last saw h.e.r. alive on 1/6 — 1933 Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Inflammatory Disease	1922
	now
Other contributory causes of importance: Paralytic Ileus	4 days
Toxemia	1/3/33

Name of operation: Pelvic laparotomy Date of: 12/30/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) D. D. Bruce M. D.

(Address) D. D. Bruce Maryland Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—I-12-23—M&T—500 Bks.

E 86360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86360

CERTIFICATE OF DEATH.

118

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Bond ST. 7-01 WARD)

2-FULL NAME Francenia Mallette

(a) RESIDENCE No. 822 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb. 24-1873

7 AGE: Years 59 | Months 10 | Days 722 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): — 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wilmington, N.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant, (Address): Mary M. Thomas 822 N. Bond

15 Filed JAN 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 6 1933

17 I HEREBY CERTIFY, That I attended deceased from 1-6-33, to 1-6-33, that I last saw her alive on 1-6-33, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows: Acute Gastritis (Indigestion) and Acute Colic

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Dyspepsia & Constipation

(duration) indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Chas. R. Blake, M. D.

19 (Address) 924 Fairmount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington N. C.

DATE OF BURIAL: Jan 8 1933

UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 429 N. Carolina St.

TION is very important. See instructions on back of certificates.

E 86361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86361

CERTIFICATE OF DEATH

92-001

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 S. Decker Ave Ward) 1-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard S. Miller

(a) Residence: No. 829 S. Decker Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24th 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert E. Lee Miller

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Grace V. Cousins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robt E. Lee Miller

(Address) 829 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 10th 1933

19. UNDERTAKER Wm Cook

Address 1217 St Paul St

JAN 8 - 1933

Signature Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1932 to Jan 7 1933

I last saw alive on Jan 6 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/3/33
Other contributory causes of importance: Valvular Dis Heart	

Name of operation None Date of

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. D. Kerr M. D.

(Address) 408 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86362

E 86362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 21-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Armstrong

(a) Residence: No. 810 S. Pace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louisa K. Armstrong

6. DATE OF BIRTH (month, day, year) Jan 2nd 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dean

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT 543 S Pace St Records Balto (Address) Nurse Armstrong City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Jan 9th 1933

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED JAN 9 1933 Interstate Williams Asst. Registrar.

JAN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6-33, 1933, to 1-7, 1933

I last saw him alive on 1-7, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchitis

Date of onset ?

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-8-33 (Signed) Elmer Hitch M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 86363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86363

186-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2246 Cadley ST. 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Murphy

(a) RESIDENCE NO. 2246 Cadley ST., WARD Westport

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Thomas F. Murphy

6 DATE OF BIRTH (month, day, and year) Sept 12 1830

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Bassman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Hedrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Bessie Lehnert

(Address) 2246 Cadley St

15 Filed Jan 9 1933 Huntington Pettigrew Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Jan 6 1933.

that I last saw her alive on Jan 5 1933

and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Full Code Stroke Cerebral Hemorrhage

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Raymond V. Glenn M. D.

Jan 6 1933 (Address) 2208 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 9th 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

THIS is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 86364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86364

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Warren ave St. 7 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arie Williams

(a) Residence: No. 600 Warren St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John (?) Williams

6. DATE OF BIRTH (month, day, year) Feb 27, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elie Bagby

14. BIRTHPLACE (city or town) (State or country) Piedmont Va

MOTHER

15. MAIDEN NAME Julia Nolle

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Elie Bagby

(Address) 624 Webster St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1/8, 1933

19. UNDERTAKER Walter D. Sapp

(Address) 139 W. Lanvale St.

FILED 1-8-1933, 19..... Registrar.

OCCUPATION IS VERY important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 4, 1933

I last saw her alive on Jan 4, 1933 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/28/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not so, specify .....

(Signed) John D. Gamet M. D.

(Address) 615 S Paca St

M. D. B. 1268-9

E 86365

86365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No.) St. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LeRay R. Lenp

(a) Residence: No. 2805 Rinehuates St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 ~~23~~	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ofc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Howard O. Lenp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Julia Petticord

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address) Maryland Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan. 9 1933

19. UNDERTAKER Margaret E. Thomas (Address) 1211 Eutaw Pl.

FILED 1-18-1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28 . 1932 to 1-5 . 1933

I last saw h... alive on 1-5 . 1933 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non Specific Ulcerative Colitis	May 1932
Other contributory causes of importance:	
Myocardial Failure	1/5/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Md. General Hospital

Spec.—1-30—M. & T.—250 Bks

E 86366

E 86366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood) (St.) Jan 12-01 (WARD)

2-FULL NAME William Howard Gahan

(a) RESIDENCE NO. 2626 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Henry Gahan

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E Dudley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Josephine Gahan

(Address) 2624 N. Charles St

Filed ..... 19 .....

Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/33

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932 to Jan 7, 1933

that I last saw h[illegible] live on 1/7, 1933

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

Acute Dilatation

(duration) ....yrs. 1 mos ....ds.

CONTRIBUTORY (Secondary) Ch. Alcoholism

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kelly, M. D.

1/7, 1933 (Address) 2626 N. Charles.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/10 19 33

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert

FEB 8 - 1933

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86367 E 86367

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5430 Belair Rd St., 7-01 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank J. Schaaf

(a) Residence: No. 5430 Belair Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Schaaf

6. DATE OF BIRTH (month, day, year) April 20-1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Adam Schaaf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Schaaf
(Address) 5430 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 1-9, 1933

19. UNDERTAKER Leonard J. Rauch
(Address) 5305 Belair Rd

1-8, 1933 (Filed) ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Jan 5, 1933

I last saw h~~im~~ alive on Jan 5 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema of lungs	
Influenza	

Other contributory causes of importance:

Arteriosclerosis

Hemiplegia

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Chas Frank, M. D.

1/7/33 (Address) 4206 Hampden Rd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86368

E 86368

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Huntington Ave ST., 12-61 WARD)

2—FULL NAME Anna Katherine Reynolds

(a) RESIDENCE NO. 2601 Huntington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Guy Reynolds

6 DATE OF BIRTH (month, day, and year) Feb 17th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna C. Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Marshall G. Reynolds

(Address) 2601 Huntington Ave

15 Filed JAN 8th 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1933

17 I HEREBY CERTIFY That I attended deceased from Jan 3 1933 to Jan 6 1933 that I last saw h alive on Jan 6 1933 and that death occurred, on the date stated above, at 12.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) + yrs. + mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Arterial Hypertension Due to Selerosis (duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Charles E. Cronk M. D.

Jan 6 1933 (Address) 3214 Pleasant Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/9/33

20 UNDERTAKER Geo. Miller & Son

ADDRESS 2503 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

E 86369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86369

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234-N-Mount St. 14-01 WARD)

2-FULL NAME Ella Johnson

(a) RESIDENCE NO. 234-N-Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	col	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Arthur Johnson

6 DATE OF BIRTH (month, day, and year) March 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	42	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

PARENTS

10 NAME OF FATHER William Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co.

12 MAIDEN NAME OF MOTHER Nancy Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co.

14 Informant Arthur Johnson (Address) 234 N. Mount St.

15 Filed JAN 8 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-1933

17 I HEREBY CERTIFY, That I attended deceased from 10/19/32, to 1-4-1933, that I last saw her alive on 1-4-1933, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. F. Eaches, M. D.

1/7, 1933 (Address) Govans Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 1-8 1933

20 UNDERTAKER Thomas E. Pelton — ADDRESS 1303 Pennsylvania

TION is very important See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

86370 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 86370

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Arisquith St. 10-01 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary H. Stafford

(a) RESIDENCE NO. 904 Arisquith St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Lee Stafford

6 DATE OF BIRTH (month, day, and year) 4-23-1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 42	7 8	16 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook or

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cortara Cecil Co. Md.

PARENTS

10 NAME OF FATHER Jacob A. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary H. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant David Lee Stafford
(Address) 904 Arisquith St.

15 8-1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-33

17

I HEREBY CERTIFY, That I attended deceased from 6-4 19 32 to 1-6 19 33

that I last saw h alive on 1-5 19 33

and that death occurred, on the date stated above, at 12:25 P.M.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. - mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo S Allen M. D.

1-8 19 33 (Address) 50 Arisquith St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem. — DATE OF BURIAL: 1-9th 19 33

20 UNDERTAKER: Bryant & Marie Wright — ADDRESS: 1218 McElderry St

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 86371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86371

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5254 Nelson Ave St.) 27-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Williams

(a) Residence: No. 5254 Nelson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David Williams

6. DATE OF BIRTH (month, day, year) Feb. 11 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Savage

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lydia ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Bertha Carroll
(Address) 1343 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Cemetery Date Jan. 9, 1933

19. UNDERTAKER Horace G. Burgee
(Address) 3631 Falls Road

JAN 8 1933

(Signature of Registrar)
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Jan 6, 1933

I last saw her alive on Jan 5, 1933 death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure (Angina Pectoris)	Jan 6 33
Other contributory causes of importance: Senile Plegia	Dec 16 32

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Charles L Bell, M. D.

(Address) 5276 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 86372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51-003

E 86372

24-01

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 Riverside Ave. ST. WARD)

2-FULL NAME George R. Ramsay.

(a) RESIDENCE NO 1115 Riverside Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 20, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER David R. Ramsay.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lillian Hafthausen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Lillian Ramsay. (mother)

(Address) 1115 Riversice Ave.

15 [illegible] JAN 8 1933 Huntington Williamsport

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt M. D. Coroner

1/7/19 33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Jan 9 1933

20 UNDERTAKER H. Howard Evans ADDRESS 38 E. Eutaw

TION is very important See instructions on back of certificates.

Cause of death must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

M. D. B. 1268-9

86373

HEALTH DEPARTMENT—CITY OF BALTIMORE

86373

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1975 Collington Ave. St.) (816 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Paul Wiesner

(a) Residence: No. 1975 Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Catherine Volesky

6. DATE OF BIRTH (month, day, year) Aug. 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Wiesner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Catherine Wiesner
(Address) 1975 Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan. 9 1933

19. UNDERTAKER Martin Fahey & Sons
(Address) 1822 N. North Ave.

Registrar.

RECEIVED JAN 5 - 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1932 to Jan 5 1933

I last saw him alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Other contributory causes of importance: Myocarditis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. V. Frontes M. D.

(Address) 1123 Eutaw Place

E M. 86374 ✓ E 86374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Warwick Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie G. Crook

(a) Residence: No. 1900 Warwick Ave, St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James H. Crook

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. H. Tauber

(Address) Liberty Hotel Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge Md. Date Jan. 9, 1933

19. UNDERTAKER Martin Taper Sons

(Address) 1627 W. Fayette St.

20. FILED ... 19 ... Registrar.

NOV 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 33 19

22. I HEREBY CERTIFY, That I attended deceased from January 4 19 33 to January 6 19 33

I last saw ... alive on January 6 19 33 at 8:30 a.m. Death is said to have occurred on the date stated above at ...

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Endocarditis	3 days
Other contributory causes of importance: Diabetes Mellitus (dyspneic Coma)	Dec 1931 1 day

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If ... (Signed) ... M. D.

(Address) 1706 E. Lafayette Ave

M. D. R. 1365-A

86375

Gallup.

HEALTH DEPARTMENT—CITY OF BALTIMORE 86375

CERTIFICATE OF DEATH X 33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward) 4th-Col

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine J. Gallup

(a) Residence: No. 308 Yorke Rd Towson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bruce H. Gallup

6. DATE OF BIRTH (month, day, year) Sept 4 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Litchfield Conn

MOTHER

13. NAME Milo D Beach

14. BIRTHPLACE (city or town) (State or country) Litchfield Conn

FATHER

15. MAIDEN NAME Louisa B Webster

16. BIRTHPLACE (city or town) (State or country) Litchfield Conn

17. INFORMANT Bruce H. Gallup

(Address) 308 Yorke Road Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Litchfield Conn Date Jan 7 1933

19. UNDERTAKER Wm. H. Blade

(Address) 742 W. Fayette St

20. FILED JAN 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1932 to 1-7 1933

I last saw her alive on 1-7 1933 Death is said to have occurred on the date stated above, at 11:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Hydronephrosis	11-11-32
Other contributory causes of importance:	
Left Pyelothoracotomy	12-1-32

Name of operation Cystoscopy Date of 11-29-32

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. B. Thorne M. D.

(Address) Franklin Sq. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

86376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86376

11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Pulaski St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos., ... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Flora M Simmons

(a) Residence: No. 403 N Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Richard Simmons

6. DATE OF BIRTH (month, day, year) Sept 27 1891

7. AGE: Years 41 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Doettinger

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margaret Schlictman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Simmons Hus

(Address) 403 N Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem Date 1/9 '33

19. UNDERTAKER Geo A Fayette

(Address) Fulton & Fayette

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 '33

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1932 Jan 6 1933

I last saw he alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Chronic — Date of onset 12 31 32

Other contributory causes of importance:

Influenza

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury X, 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify X

(Signed) H Ben Williams M. D.

(Address) 3200 Linwood Ave

M. D. B. 1268-9

E 86377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86377

CERTIFICATE OF DEATH

Registered No. 164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 Elmer Avenue St., 07-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Griffith

(a) Residence: No. 5007 Elmer Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Griffith

6. DATE OF BIRTH (month, day, year) May 15, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Lien

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Norris

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Ruth Virginia Griffith
(Address) 5007 Elmer Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 9, 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

Huntington Williams Nat

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw her alive on Bet. 1 and 3 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1a. Coma Pressure

Suicide

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

1/6/33 (Signed) John M. Morrison M. D. Coroner

(Address) 3632 Roland Ave.

M. D. B. 1268-9

86378

HEALTH DEPARTMENT—CITY OF BALTIMORE

86378

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sykesham Hospital

CITY OF BALTIMORE: (No. 9-01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Wood

(a) Residence: No. Indian Head, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) .927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank Wood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Wood

(Address) Indian Head, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Natl Md Date 1/6/33 19

19. UNDERTAKER Joseph B. Hooe

(Address) Indian Head Md

20. FILED [illegible] Registrar.

No. 1255

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1932 to Jan 7, 1933

I last saw him alive on Jan 6, 1933 Death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Dec 14, 32
Adenitis (cervical)	Dec 17, 32
Frontal Sinusitis	Dec 23, 32
Encephalitis	Jan 2, 1933
Chron (Myocarditis	Dec 16, 32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Harry T. Lyon M. D.

(Address) Sykesham Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of [illegible] is necessary so that it may be properly classified.

M. D. R. 1268-9

E 86379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86379

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-01 (Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 47 yrs. ... mos. ... ds.

2. FULL NAME Martha A. Madison

(a) Residence: No. 347 N. Pearl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: George Madison

6. DATE OF BIRTH (month, day, year): May 21, 1857

7. AGE: Years 81 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Adolph Hybleth
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary ?
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Jan 9 1933

19. UNDERTAKER (Address): Forbes & Muller 2425 E. Baltimore

20. FILED: Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931 to Jan. 4, 1933
I last saw her alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 3:35 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	7 yrs
Hemiplegia	-
Cerebral arterio-sclerosis	-
Senility	
Other contributory causes of importance: [illegible]	?
Bronchopneumonia	2 days

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. Bruce Wilson M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86380

86380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S. Linwood Ave St. 1-01 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Catherine Kelly

(If non-resident give city or town and State)

(a) Residence: No. 1011 S. Linwood Ave St., ... Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Thos J Kelly

6. DATE OF BIRTH (month, day, year) Dec 26 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Donoghue

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT Thos Kelly

(Address) 1011 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cem Date 1/9 1933

19. UNDERTAKER T Doran

(Address) 1203 Bank St Balto

FILED JAN 9 1933 Hunter to Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Jan 1933

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 9⁵ A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset years ago
Coronary thrombosis — June '32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Julius J Leyko M. D.

(Address) 222 E Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E86381

$2.00

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 15-01 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Edgar

(a) Residence: No. 2914 Baltimore ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

FATHER

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Hospital Records

(Address) Maryland Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan 9. 1933

19. UNDERTAKER Foster & Singleton

(Address) 1200 W. Fayette St

20. FILED ..... Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1933 to 1-7 1933

I last saw him alive on 1-7 1933 Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance:

Hypostatic Pneumonia	1-5-33
Myocardial Failure (Acute Dilatation)	1-3-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. J. Lance M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-2

E 86382

E 86382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Avara

(a) Residence: No. 44 S. Carrollton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Carmelo Avara

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Minnie Serio

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Father) Carmelo Avara
(Address) 44 S. Carrollton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 1/9 1933

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lexington St

20. FILED ..... Huntington Williams, Nov 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1933 to 1-6, 1933

I last saw him alive on 1-6, 1933 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-33
Other contributory causes of importance: Pneumatic Fever (Acute)	12-28-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Sprague Jr. M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

Chaffee

E 86383 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86383

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2570 Druid Park Dr St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Roberta Chaffee

(a) Residence: No. 2570 Druid Park Dr St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Chaffee

6. DATE OF BIRTH (month, day, year) Sept 20 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None (Housework)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax N. S.

FATHER

13. NAME Charles Thurber

14. BIRTHPLACE (city or town) (State or country) N S

MOTHER

15. MAIDEN NAME Louisa Keary

16. BIRTHPLACE (city or town) (State or country) N. S.

17. INFORMANT Harold W. McDonald

(Address) 2570 Druid Park Dr

18. BURIAL, CREMATION, OR REMOVAL

place Clinton Mass Jan 7 1933

19. UNDERTAKER Wm. J. Tickner Son

(Address) North & Pa Ave.

JAN 8 - 1933

..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932 to Jan. 7, 1933.

I last saw h[illegible] alive on Jan. 7, 1933. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis,	Months

Other contributory causes of importance:

Myocarditis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh Forsythe, M. D.

(Address) 1214 E. North Ave

M. D. B. 1265-9

E 86384 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86384

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Poplar Grove St.) (Ward) 16-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Busk

(a) Residence: No. 922 Poplar Grove St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank A. Busk

6. DATE OF BIRTH (month, day, year) July 30, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edw. Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frank Busk (Address) 922 Poplar Grove.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Jan 10 19 33

19. UNDERTAKER Wm. Pickerodt Sons (Address) North & Paines

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to ... 19 ...

I last saw her alive on Jan 6 1933. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous nephritis & Chronic myocardities followed by hypostatic Pneumonia — Date of onset ...

Other contributory causes of importance:

Infected leg ulceration since the back fallowed by acute nephritis & Co.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? Oct 11 - 1932 (Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place) At home Infected abrasion

Manner of injury Infected abrasion

Nature of injury abrasion over right foot & leg

Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thomas H. Chilcoat M. D.

(Address) 1939 Edmondson

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86385 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86385

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5259 Condeliatre St. 27-01 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Elizabeth Eckstine

(a) Residence: No. 5259 Condeliatre St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5) Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Eckstine

6. DATE OF BIRTH (month, day, year) Sept 13-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James A. Wilkinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME ? Liddard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rachel Moore

(Address) 5259 Condeliatre

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Jan 9, 1933

19. UNDERTAKER Wm McKeever & Sons

(Address) North & Davis

FILED JAN 9 1933 19... Wm. F. Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Jan 6, 1933

I last saw h[illegible] alive on Jan 6, 1933. Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis - Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Charles J Meeks M. D.

(Address) 5276 Park Heights Av

M. D. R. 1268-9

E 86386 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86386

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5244 St Charles Ave St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Edwina Bailey

(a) Residence: No. 5244 St Charles Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 8, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Cecil E. Bailey

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Marie E. Carey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Cecil E. Bailey
(Address) 5244 St Charles Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jan 9. 1933

19. UNDERTAKER Wm Hitchens Sons
(Address) North & Druids.

JAN 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932 to Jan 7, 1933

I last saw h... alive on Jan 7, 1933 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 2-1933

Other contributory causes of importance:

Acute Nephritis &	Dec 2
Acute Nephritis	1933

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edwin A. Freeland M. D.

(Address) 1219 Cathedral Street.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 268A

E 86387

E 86387

268492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Shaw

(a) Residence: No. Woodlawn Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Eleanor Shaw

6. DATE OF BIRTH (month, day, year) 8-6-02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation C

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herbert Shaw

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ann Burn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 9, 1933

19. UNDERTAKER J. J. Fitzhugh & Sons
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

JAN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Jan 6, 1933

I last saw him alive on Jan 6, 1933 Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Chronic Rheumatic Endocarditis	
Mitral insufficiency	
? of Subacute Bacterial Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital

AUG - 1933

CAUSES OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 86388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86388

94-081

REGISTERED NO. 19-21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3962 Falls Road WARD 19)

2-FULL NAME Lewis E. Valentine

(a) RESIDENCE NO 3962 Falls Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie P. Valentine

6 DATE OF BIRTH (month, day, and year) Dec 25, 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44		11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Martin Valentine

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elsie P. Valentine

(Address) 3962 Falls Road

15 Filed [illegible] 1933 Registrar

NOV 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

1/6, 1933 (Address) 2632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Jan 9, 1933

20 UNDERTAKER Thanhouser Son

ADDRESS 3615 Chestnut ave

M. D. No. 86389

E 86389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frank Lee Garrett.

(a) Residence: No. 3715 Midland Avenue St., ... Ward. .....
(Usual place of abode) Westarlington. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Clara D Ridely Garrett.

6. DATE OF BIRTH (month, day, year) June 29 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Paper Business

10. Date deceased last worked at this occupation (month and year) Dec 24 1932. 11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) (State or country) Selma. Alabama

FATHER

13. NAME Robert Edmund Garrett.

14. BIRTHPLACE (city or town) (State or country) King Queen Co. Virginia

MOTHER

15. MAIDEN NAME Mary Adele Rowe.

16. BIRTHPLACE (city or town) (State or country) King Queen Co. Virginia

17. INFORMANT Mrs Nancy Keen.
(Address) 1731 Newkirk Ave Bklyn.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk Cemetery Date Jan 7. 1933

19. UNDERTAKER Harry H. Leitske
(Address) 410 E Lanvale St. Ave.
Huntington Williams & Reg'l Registrar.

FILED JAN 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1. 1933 to January 6. 1933
last saw him alive on January 6. 1933. Death is said to have occurred on the date stated above, at 12 10 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia.	12/24/32.
Other contributory causes of importance: Toxemia + Chronic Nephritis	12/28/32

Name of operation None. Date of .....

What test confirmed diagnosis? Physical. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-3

E 86390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86390

CERTIFICATE OF DEATH

106-00

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Mt Royal Ave (St.) 17-01 (Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth E Evans

(a) Residence: No. 1516 Mt Royal Ave (St.) ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha A Evans

6. DATE OF BIRTH (month, day, year) Nov 14 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sussex Co Va

FATHER

13. NAME William Walton

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Priscilla Prince

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cowles E Evans

(Address) 1516 Mt Roy

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cemetery Date Jan 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Jan 8th 1933

I last saw her alive on Jan 7th 1933. Death is said to have occurred on the date stated above, 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5 days
Other contributory causes of importance: Bronchitis & Senility	3 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H B Tabor Hourst M. D.

(Address) 1901 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

ANS

M. D. B. 1268-9

E 86391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86391

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Tramore Road St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence E. Holland

(a) Residence: No. 5500 Tramore Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest M. Holland

6. DATE OF BIRTH (month, day, year) Feb. 28, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James E. Biscoe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Carman

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

17. INFORMANT Mrs. Edgar W. Johnson
(Address) 5500 Tramore Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 9 1933

19. UNDERTAKER Wm. G. Black
(Address) 417 N. Broadway

FILED JAN 9 1933 Huntington Wilkerson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 19..... to Jan. 7 1933

I last saw her alive on 1/7 1933. Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Chr. Interstitial Nephritis.	

Other contributory causes of importance:

Cerebral Hemorrhage.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myles W. Gordon M. D.

(Address) 513 Hartford Rd

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31-1933

E 86392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86392

CERTIFICATE OF DEATH

Registered No. V 108

1. PLACE OF DEATH West Baltimore General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Logue (Edward Logue)

(a) Residence: No. 2812 Brighton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as driver, sawyer, bookkeeper: Cabt Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME James A Logue

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah Collins

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT E. Logue

(Address) 2812 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Date 19

19. UNDERTAKER Wm. J. Boutern

(Address) 2238 W North Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1933, to January 7, 1933

I last saw h[illegible] alive on January 7 1933 death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/4/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lesser, M. D.

(Address) West Baltimore General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-13—H. P. Co.—1000 Bks.

86393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86393

CERTIFICATE OF DEATH.

11-002

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Hope ST. 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Everett Eckerl

(a) RESIDENCE. NO. 1827 Hope St ST.. WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22-193[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Eckerl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Pellerhet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) George Eckerl 1827 Hope St.

15 Filed 1-9-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1933

17 I HEREBY CERTIFY, That I attended deceased from 1-6-33 to 1-7-33,

that I last saw h alive on 1-6- 1933,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia Empyema

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? pending

(Signed) F. Ned Pursley M. D.

(Address) 800 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Josephs Fullerton Md	1-12 1933

20 UNDERTAKER George J Kelly Inc ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

E 86394

Special Blk. 86394 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 86394

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 904 N Gilmore St. (ST.) 16-01 (WARD)

2-FULL NAME Betty King

(a) RESIDENCE NO. 904 Gilmore St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	B.	Widowed

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry King

6 DATE OF BIRTH (month, day, and year) Feb 13, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			
	81	10	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER John Coppin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Sally Lucas
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Clarence King
(Address) 904 Gilmore St.

15 Filed 9-29-1933 16 Huntington Williams, M.D. Registrar

0040

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to 1/5, 1933
that I last saw h[illegible] alive on Dec 29, 1932,
and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows:

Senility
Chronic myocarditis
Interstitial Nephritis
? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ---
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Physical Exam
(Signed) Frank Lehmann, M. D.
, 19 (Address) 2305 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem Cemetery — DATE OF BURIAL Jan 7 1933

20 UNDERTAKER [illegible] — ADDRESS

Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. E. 1268-9

Leapole

E 86395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86395

CERTIFICATE OF DEATH

67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital dispensary St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unidentified Leapole

(a) Residence: No. 803 W. Mulberry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Leapole

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lula Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter Leapole

(Address) 803 W. Mulberry street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Cem. Date Jan 9. 1933

19. UNDERTAKER Joseph A. Lusby

(Address) 409 N. Mount Street

20. FILED JAN 9 - 1933 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 . 1933 to Jan 7 . 1933

I last saw her alive on Jan 7 . 1933 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Status lymphaticus — Date of onset

Other contributory causes of importance:

Hypertrophy of thymus gland, mesenteric glands, other lymphoid tissue

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David H. Andrews, M. D.

(Address) University Hospital

M. D. B. 1268-9

86396

HEALTH DEPARTMENT—CITY OF BALTIMORE 86396

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dawsons St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Byrd

(a) Residence: No. 1625 Harlem Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3 and		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Jim Byrd

14. BIRTHPLACE (city or town) Clover
(State or country) Va

MOTHER

15. MAIDEN NAME Ida Jones

16. BIRTHPLACE (city or town) .....
(State or country) Va

17. INFORMANT Ida Byrd
(Address) 1625 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Evans Co Va Date Jan 10 1933

19. UNDERTAKER Joseph A. Lisby
(Address) 709 N. Mount Street.

20. FILED 1-11-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1933 to 1-8 1933
I last saw h[illegible]live on 1-8 1933 Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Bronchial Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. T. Harris M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 86397

M. D. B. 1268-9

E 86397

26837 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse Smith

(a) Residence: No. 1025 W Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Halton H Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louisa Terrell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Jan 10 1933

19. UNDERTAKER Joseph A. Lyerly
(Address) 4094 Mount St.

20. FILED ..... 19..... Registrar.

JAN - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932 to Jan 7 1933

I last saw him alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1931?
Uremia	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Gerald B. Ford M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Jordan

36398 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36398

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Fifth St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin E. Jordan

(a) Residence: No. 3716 Fifth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha N. Jordan

6. DATE OF BIRTH (month, day, year) Feb. 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tannery

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William A. Jordan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan Durm

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Martha N. Jordan (wife)
(Address) 3716 Fifth St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 9, 1933

19. UNDERTAKER John F. Demuy
(Address) 715 Light St

FILED 19 ... Registrar

Huntington Williams NY

JAN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1932 to Jan 6- 1933

I last saw h... alive on Jan 6 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/6/33
Other contributory causes of importance: Senile Nephrosclerosis	9/1/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. Hartman M. D.

(Address) 6 Randall St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86399

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home or Institution St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Harrison Ceasfoss

(a) Residence: No. 3015 St Paul st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lillie V. Ceasfoss

6. DATE OF BIRTH (month, day, year) Oct. 24 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Production Manager 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Centennial Can Co.

10. Date deceased last worked at this occupation (month and year) Aug 1926

11. Total time (years) spent in this occupation 7yrs

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME George B. Ceasfoss

14. BIRTHPLACE (city or town) (State or country) Ceasfoss Md.

MOTHER

15. MAIDEN NAME Alice Middlekauf

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Mrs. Clarence Bagle

(Address) 3016 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 9, 1933

19. UNDERTAKER Wm. J. Fitzhugh Sons

(Address) 2 W. Saratoga St.

Jan 9 1933 at Hagerstown, Washington Co., Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Poisoning (Suicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) John D. Morrison M. D.

(Address) 3632 Roland Ave Coroner

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-b

E 86400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86400

CERTIFICATE OF DEATH

V 30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Foster

(a) Residence: No. St. James Apartments St. 538 N Charles St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. J. Foster

6. DATE OF BIRTH (month, day, year) July 1/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME George D. Hunt

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

MOTHER

15. MAIDEN NAME Elizabeth Knight

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

17. INFORMANT Mrs. F. Foster
(Address) 3215 Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 10 1933

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) Mount & Pa Ave.

20. FILED JAN 9 - 1933 By Lingan Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis-Perforation of Intestine	??

Other contributory causes of importance:

Tubercular enteritis,	??
" endometritis	??
" salpingitis	??

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Hatem M. D.
Coroner

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 86401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86401

CERTIFICATE OF DEATH

1-186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 E. Chase St St., 7-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Jane Coxson

(a) Residence: No. 1607 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John L. Coxson

6. DATE OF BIRTH (month, day, year) Dec 30/1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	0	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James H. Clifford

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Julia Anna Morgan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Charlotte C. Coxson
(Address) 1607 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Jan 9. 1933

19. UNDERTAKER Wm. J. Tiefenbrunn & Sons
(Address) North & Pa Ave

26. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-33
Other contributory causes of importance: Possible Fracture left Femur (Neck)	Dec 27/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 27/32

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Stumbled over chair

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-12-23—M&T—500 Blks.

E 86402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86402

CERTIFICATE OF DEATH.

V 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 S. Collins Av. (St.) 10-01 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert D. Connor

(a) RESIDENCE NO. 311 S. Collins Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23, 1918

7 AGE: 14 Years 7 Months 14 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or County) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert H. Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westfield Mass

12 MAIDEN NAME OF MOTHER Hazel Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Robert H. Connor 311 S. Collins Av

15 Filed Huntington Williams Registrar. N.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/33.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 7, 1933, that I last saw him alive on Jan 7, 1933, and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy

(Signed) H H Kyger, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 1/1 19 33

20 UNDERTAKER: J. B. Nippert

ADDRESS: 1850 N. Baltimore

TION is very important. See instructions on back of certificates.

M. D. B. 1268-B

86403

HEALTH DEPARTMENT—CITY OF BALTIMORE

86403

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hosp. Ward

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorie E. ~~Mc~~ NEILL

(a) Residence: No. 1639 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 7 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (40)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John E Neill

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Theresa Cronick

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Theresa Neill

(Address) 1639 Covington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 1-11 1933

19. UNDERTAKER E & B Haile

(Address) 115 E. Fort St

20. FILED ..... 19..... ..... Registrar.

JAN 9 - 1933 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-20- 1932 to 1-8 1933

I last saw him alive on 1-8 1933 Death is said to have occurred on the date stated above, at 9:27 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Carcinomatosis - stomach	
pancreas, duodenum	

Name of operation Abdominal Exploration Date of 12-16-32

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Chas. Bull General Hosp. M. D.

(Address) Bull General Hosp.

M. D. B. 1268-9

86404

E 86404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Scott St., 21-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert S. Kinsey

(a) Residence: No. 1109 Scott St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maud D. Kinsey

6. DATE OF BIRTH (month, day, year) Nov 17 1854

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
78	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Albert S. Kinsey

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Dobrecker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Maud D. Kinsey

(Address) 1109 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 11th 1933

19. UNDERTAKER Bernard C. Hafer

(Address) 1000 S. Paca St.

20. FILED Jan 10 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Jan 8th 1933

I last saw h[illegible] alive on July 8 1933 Death is said to have occurred on the date stated above, at 8 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/6/33
Paralysis (Coma)	1/6/33
Other contributory causes of importance: Arteriosclerosis	1/1/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) Wood Dunn M. D.

(Address) 222 Medical

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86405 26804

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 864 34 E86405

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nicholas Marmoras

(a) Residence: No. 1816 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Asia Minor

FATHER

13. NAME Michael Marmoras

14. BIRTHPLACE (city or town) (State or country) Turkey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 1-5 1933

19. UNDERTAKER David Garson

(Address) 216 Eastern Ave

20. FILED JAN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Jan 1 1933

I last saw him alive on Jan 1 1933 Death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Pulmonary edema	
Effusion & ascites	

Other contributory causes of importance:

CNS Syphilis	
? Tobacco amblyopia and Tabes dorsalis ?	

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd F. Lewis M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86406

86406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 44

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Todd W. Hinson

(a) Residence: No. Dorsey's Point Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lora A Hinson

6. DATE OF BIRTH (month, day, year) March 23-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frederick Hinson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elf

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Lora A Hinson. (Address) Sparrows Point Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fonden Park Date Dec. 28 1932

19. UNDERTAKER John A. McNamara (Address) 1300 E Baltimore St.

20. FILED Dec. 24 1932 G. Curtis Jamison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1932 to Dec. 24 1932

I last saw h.im alive on Dec. 22 1932 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bilateral)	5 ds

Other contributory causes of importance:

Carcinoma —
Myocarditis (Chronic)

Name of operation Cystoscopic Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Grace M. D.

(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86407

E 86407 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Schmidt

(a) Residence: No. 1503 Holbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Schmidt

6. DATE OF BIRTH (month, day, year) July 27/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School # 28

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME August Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bauch

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Hilda Schmidt

(Address) 1503 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan. 11 1933

19. UNDERTAKER Gorsuch Street Funeral Home Inc.

(Address) 131 E. Eager St.

Huntington Williams, M.D.

Registrar.

JAN 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Embolism	1/7/33
Other contributory causes of importance: Possible Influenza	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? If so, specify ...

(Signed) ... M. D.

(Address) 508 E. Fayette St. Coroner

M. D. B. 1268-9

E 86408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86408

CERTIFICATE OF DEATH

Registered No. V 15

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 525 E. 27th St St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Clautice

(a) Residence: No. 525 E. 27th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frank Clautice

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary E. Murgatroyd

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Frank Clautice
(Address) 525 E. 27th St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 1/9/33, 19

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED ..... 19..... Registrar

JAN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mons Gestation)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-20—A & Co.—250 Blks

E 86409

86409

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1163 Lor St. 5-01 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Morris

(a) RESIDENCE No. 1163 Lor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Morris

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) San Jose Calif.

PARENTS

10 NAME OF FATHER D.

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.

12 MAIDEN NAME OF MOTHER D.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.

14 Informant Estella Nickerson

(Address) 234 N. Carey St

15 Filed JAN 9 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Jan 7, 1933

That I last saw h alive on Jan 5, 1933

and that death occurred, on the date stated above, at 5-35 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Valvular heart disease

Thrombus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? /

(Signed) J Edward Fisher M. D.

Jan 9 1933 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-9-1933

UNDERTAKER Byrom & Mario Wright ADDRESS 1218 N. Eden St.

IMPORTANT: This is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86410 E 86410

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Adolph Foige

(a) Residence: No. 300 E 23rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adolph H. Foige

14. BIRTHPLACE (city or town) (State or country) Hamburg Germany

MOTHER

15. MAIDEN NAME Mary Johanna Wright

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Miss Minnie J. Foige
(Address) 409 Southway

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan. 10, 1933

19. UNDERTAKER Forest H. Cook
(Address) 100 W. Baltimore St.

JAN 9 - 1933 Huntington Matthews, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932 to Jan. 8, 1933

I last saw him alive on Jan. 8, 1933 Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the tongue, t. tonsil, t. floor of mouth and lymph nodes of the t. side of neck.	11/32 ?
Secondary hemorrhage	1/8/33
Other contributory causes of importance:	
Secondary infection of Carcinoma of the tongue and mouth	?

Name of operation ... Date of ...

What test confirmed diagnosis Clinical + Lab. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) D. M'L. Currie M. D.

(Address) University Hospital

M. D. B. 1268-9

E 86411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86411

CERTIFICATE OF DEATH

X 107-001

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Gabert Williams Cook

(a) Residence: No. Randallstown, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 21st 1932

7. AGE: Years ..... Months ..... 18 Days 19 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Randallstown Md

FATHER

13. NAME Clarence H. Cook

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen G. Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address) Md General Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olive Cem Date Jan 10" 1933

19. UNDERTAKER Joseph H. Cook (Address) 1003 W. Baltimore St.

20. FILED JAN 10 - 1933 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1933 to 1-9 1933

I last saw him alive on 1-9 1933 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Bronchopneumonia	1-8

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. M. Clarence H. Cook M. D.

(Address) Md General Hospital

AACo. 5-31 250B

E 86412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-933 E 86412

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1904 Chelsea Road Ward) 15-01

Length of residence in city or town where death occurred 79 yrs. 6 mos. 28 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret J. Williamson

(a) Residence: No. 1904 Chelsea Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James O. Williamson

6. DATE OF BIRTH (month, day, year) June 9 1853

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Williamson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret J. Deiss

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Williamson
(Address) 1904 Chelsea Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 10. 1933

19. UNDERTAKER J. S. Sanders & Son
(Address) 217 S. Eutaw St.

20. FILED JAN 9 - 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to Jan 7 1933
last saw h. alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 3/33

Other contributory causes of importance:

Myocarditis	duration about 6 mos.

Name of operation — Date of .....

What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Dublet M. D.
(Address) 2 W. Mt. Vernon Pl.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 86413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86413

CERTIFICATE OF DEATH

108

REGISTERED NO. 23-01

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 907 Leadenhall ST., 23 WARD)

2—FULL NAME Mary Lizzie Pinkney

(a) RESIDENCE NO. 907 Leadenhall ST., 23 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Pinkney

6 DATE OF BIRTH (month, day, and year) Jan 28 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 09

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Alexander Pinkney
(Address) 907 Leadenhall St

15 Filed JAN 9 1933, 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/33

17 I HEREBY CERTIFY, That I attended deceased from 1/7, 1933, to 1/7, 1933

that I last saw h alive on 1/7, 1933

and that death occurred, on the date stated above, at 11:50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Stomach

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dow Francis, M. D.

1/9, 1933 (Address) 1211 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cet	1/10/33

UNDERTAKER Isaiah L. Brown & Son

ADDRESS 108 N. Montgomery St

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 86414

E 28044 51

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anne West

(a) Residence: No. 316 E 22 1/2 St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James West

6. DATE OF BIRTH (month, day, year): 7/16/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ga

FATHER

13. NAME: Randall Bowling

14. BIRTHPLACE (city or town) (State or country): Ga

MOTHER

15. MAIDEN NAME: Frances Barry

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 9 1933

19. UNDERTAKER: Mrs. R. G. Elliott

(Address) 1129 N. Carlton

20. FILED JAN 9 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932 to Jan 5, 1933

I last saw her alive on Jan 5, 1933 Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Aortic insufficiency	
Myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 86415

E 86415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

268095

34

Registered No. .....

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clayton Jackson

(a) Residence: No. 1226 Edythe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Jackson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 11, 1933

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1129 N. Carlton St

20. FILED Jan 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Jan 7, 1933

I last saw h. alive on Jan 7, 1933 Death is said to have occurred on the date stated above, at 8 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Pulmonary Infarcts	

Other contributory causes of importance:

Syphilitic aortitis

Thrombosis Femoral Vein

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86416

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH Lyden Low Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Lever

(a) Residence: No. 2920 Ridgewood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-5-31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
[illegible]	1	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Raymond Levin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rae Zenick

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Raymond Levin Father
(Address) 2920 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Northern Cem Date 1-9- 1933

19. UNDERTAKER Isaac Levin Inc
(Address) 1439 E Baltimore St

19 33 CERTIFIED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1932 to Jan. 9, 1933

I last saw h[illegible] alive on Jan. 9, 1933. Death is said to have occurred on the date stated above, at 12:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (Pneumonia)	Dec. 27
Myocarditis	Jan. 1
Pulmonary Edema	Jan 7

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Spinal fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Lyden Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86417 E 86417

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Hudson St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Joseph T. Reuter

(a) Residence: No. 3311 Hudson St. 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Reuter

6. DATE OF BIRTH (month, day, year) Nov. 21st 1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Casper Reuter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Dora Mueller

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary M. Reuter (Wife)

(Address) 3311 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 10th 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 402 E. Lafayette St

FILED JAN 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4- 1933 to Jan 6- 1933

I last saw h[illegible] alive on Jan 5- 1933. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Oedema (Toxic)	1933
Myocarditis	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Arnold J. Kuhlman M. D.

(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

V E 86418

86418 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Grau

(a) Residence: No. Sinai Hospital St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Dec. 14 1932.

7. AGE	Years	Months	Days 24	If LESS than 1 day, hrs. or min.
	-	-	25	

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done as silk mill, saw mill, bank, etc. Infant.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME George P. Grau.

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Anna Knapp.

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT George P. Grau (Father)

(Address) 743 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan. 9 19 33

19. UNDERTAKER Tilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

19 FILED JAN 9 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1932 to Jan. 8 1933

I last saw her alive on Jan. 8 1933 death is said to have occurred on the date stated above, at 2:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	12 19 32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archie Robert Abrams, M. D.

(Address) Sinai Hospital

AUG - 1933

Spec.-7-17-26—A Co.—200 Bks.

86419

Blanche E. Coakley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86419

CERTIFICATE OF DEATH

34

1-PLACE OF DEATH

REGISTERED NO. 16-01

City of BALTIMORE: (No. 1225 Mosher St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche E. Coakley

(a) RESIDENCE NO. 1225 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 ~~Single~~, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Coakley

6 DATE OF BIRTH (month, day, and year): Aug 4 1881

7 AGE: Years 51 Months 5 Days 3

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Virginia

(State or country)

PARENTS

10 NAME OF FATHER T. Newman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Evelyn Lee

13 BIRTHPLACE OF MOTHER (city or town) Virginia

(State or country)

14 Informant: Ruth Williams

(Address) 1225 Mosher

15 Filed JAN 9 - 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 7, 1933

that I last saw h~~er~~ alive on Jan 6, 1933

and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

~~Cerebral Hemorrhage~~

(Hemiplegia)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis (duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Edward E Buckingham M. D.

19 (Address) 1514 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial: 1-11 1933

20 UNDERTAKER: George T. A. Gahan

ADDRESS 1735 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

E 80420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86420

CERTIFICATE OF DEATH

Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2629 E. Oliver St. (Ward) 8-01

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Maurer

(a) Residence: No. 2629 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Maurer

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8½		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Maurer (son) (Address) 2629 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Jan 10 1933

19. UNDERTAKER Henry Lutz (Address) 1203 N. Gay St. Registered

JAN 9 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said to have occurred on the date stated above, at 10.00 P.M.

I last saw h alive on 19

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. McCann Coroner

(Address) 508 E. Fayette M. D.

M. D. F. 1930 E 86421

V F 86421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N Hare St. 6-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Holt

(a) Residence: No. 1411 N Hare St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Holt

6. DATE OF BIRTH (month, day, year): 2/27/1863

7. AGE: Years 79 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Carl Schreiber

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hedwig Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas Schreiber

(Address) 1411 N Hare St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Jan 11 1933

19. UNDERTAKER: John Ulrich

(Address) 2008 Orleans

20. FILED JAN 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1932, to Jan 8, 1933

I last saw her alive on Jan 8, 1933 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gallbladder	Jan '32

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Brodie M. D.

(Address) 1331 E. North Ave

MAR CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

86422 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86422

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 E 29th St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Feggos

(a) Residence: No. 1543 E 29th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: John F Feggos

6. DATE OF BIRTH (month, day, year): Sept 16 1866

7. AGE: Years 66 | Months 3 | Days 22 23 | If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Wein Knecht

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Margaret Cronan

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Nicholas Feggos

(Address) 1543 E 29th

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 12, 1933

19. UNDERTAKER: John Ulloth

(Address) 2006 Oakham St

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, to January 8, 1933. I last saw her alive on January 7, 1933. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes (Coma)	

Other contributory causes of importance: Sclerosis of coronary arteries of heart.

Name of operation: Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. N. Hayden M. D.

(Address) 1216 N. Caroline St

OCCUPATION is very important. See instructions on back of certificate.

MAY - 1933

M. D. H. 1268-9

E 86423 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 86423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Collington Square Park St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph S. Studley

(a) Residence: No. 2223 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Studley

6. DATE OF BIRTH (month, day, year) Oct 27/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	45	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 660

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Stella Studley

(Address) 2223 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 11 1933

19. UNDERTAKER John J. Gluntz

(Address) 2008 Orleans

No. 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bullet shot wound (pistol) right parietal region — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... . 19 ...

Where did injury occur? Collington Square (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Cairnes M. D. Coroner

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86424

HEALTH DEPARTMENT—CITY OF BALTIMORE

86424

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna W Wheeler

(a) Residence: No. 238 S East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carlton Wheeler

6. DATE OF BIRTH (month, day, year) Jan 8 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Geo Henson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa M Mills

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Wheeler
(Address) 238 S East Ave

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date Jan 10 1933

19. UNDERTAKER John Ulfelder
(Address) 200 E Eager

20. FILED Jan 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Jan 7 1933
I last saw her alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week
Other contributory causes of importance:	
Senile Arteriosclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. R. Cohen M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-9

86425

HEALTH DEPARTMENT—CITY OF BALTIMORE

86425

CERTIFICATE OF DEATH

87-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 588 N Gay. St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Drechsler

(a) Residence: No. 588 N. Gay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caspar Drechsler

6. DATE OF BIRTH (month, day, year) Apr 5-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J. Schultheis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C Drechsler

(Address) 588 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 11 19 33

19. UNDERTAKER John H Hunt

(Address) 200 E Preston St

20. FILED JAN 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1932 to Jan 7 1933

I last saw h.. alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 26/32

Other contributory causes of importance:

Arterial Sclerosis	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Koch M. D.

(Address) 1215 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-2

86426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 8642[illegible]

E86426.

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospts. Registered No. .....

CITY OF BALTIMORE: (No. Balto, Md. St. 16-0107-09 Ward ..... (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Boston

(a) Residence: No. 1603 Harlem Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME William Simms

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Sophie ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) Balto City Hospt. 1/14/33

18. BURIAL, CREMATION, REMOVAL Place Md Med College Date Jan 9 ..... 19 .....

19. UNDERTAKER Katie Weber (Address) 322 N Edwards St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-13- 1931 to 1-6- 1933

I last saw him alive on 1-6- 1933 Death is said to have occurred on the date stated above, at 6.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Chronic arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. M. Arnold M. D.

(Address) Balto City Hospitals

ANS 1 1933

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86427 86427

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. W. ~~Ward~~)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Claims

(a) Residence: No. 719 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Jarret Claims

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Rachael Frisby

16. BIRTHPLACE (city or town) Caroline Co (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dr Wm Gallagher Date Jan 9 1933

19. UNDERTAKER .....

(Address) .....

19 Jan 1933 0046 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1932 to 1-6 1933

I last saw him alive on 1-6 1933 Death is said to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple cerebral thrombosis (D.C.)	?
Chronic myocarditis	?
Other contributory causes of importance:	
Myocarditis [illegible]	1-6 33

Name of operation No Date of No

What test confirmed diagnosis? CE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm Bonner Gallagher M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86428 E 86428

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 1-0 59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Kahn

(a) Residence: No. Sinai Hospital St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Aaron Kahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Goldsmith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Kahn

(Address) Lake Shore Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Ohel Shalom Date Jany 10 1933

19. UNDERTAKER Baird Sondheim & Son

1902 Eastern Ave

20. FILED 1-9-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to January 9 1933

I last saw him alive on January 9 1933. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Cardiac Asthma
Chronic Nephritis

Duration

1/6

Other contributory causes of importance:

Diabetes Mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Olsen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86429

CERTIFICATE OF DEATH

E 86429

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N. Howard St. St., 11- Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Arnold

(a) Residence: No. 728 N. Howard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Edward Arnold

6. DATE OF BIRTH (month, day, year) Apr. 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Hoener

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. Rohn (Daughter)
(Address) 728 N. Howard St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Loudon Pk. Date Jan. 11 1933

19. UNDERTAKER D. Leichliter & Son
(Address) 1902 Eutaw Place

20. FILED JAN 9 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1933 to Jan 5 1933

I last saw h alive on Jan 5 1933. Death is said to have occurred on the date stated above, at A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
or Thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. T. Smith M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

86430

CERTIFICATE OF DEATH

V 159 E 86430

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6 W Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U.S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Baby Girl Appleotein

(a) Residence: No. 207 N. Washington St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 7, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto City
(State or country) Maryland

FATHER

13. NAME Jacob M. Appleotein

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Fannie Rosenthal

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT Mrs. Fannie Appleotein
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levy Date 1-9-33 19

19. UNDERTAKER Jack Levin Inc
(Address) 1434 E. Baltimore St.

Filed Washington Boulevard Mortuary
Registrar

JAN 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933, to Jan 9, 1933

I last saw her alive on Jan 9, 1933 death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Harry Juravin M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr. Michel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86431

E 86431

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 W. Franklin ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Warfield Ritter

(a) RESIDENCE NO. 1933 W. Franklin ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline M. De Las

6 DATE OF BIRTH (month, day, and year) Aug 23-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Madeline Ritter

(Address) 1933 W. Franklin St.

15 FILED 9-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1933

17 I HEREBY CERTIFY, That I attended deceased from ....., 19—, to Jan 7th 1933

that I last saw him alive on Jan 7 1933

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis Mitral with Hypertrophy & Degeneration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis — Bronchial Asthma — Emphysema.

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Michel M. D.

Jan 7 1933 (Address) 2901 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Cemetery Baltimore Md.

DATE OF BURIAL 1 | 10 | 1933

ADDRESS

20 UNDERTAKER George Wehrly Son — 2503 Edmondson Ave

Important: See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

86432 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86432

CERTIFICATE OF DEATH. 93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N. Appleton St.) (WARD) 16-01

2. FULL NAME ~~Elizabeth~~ Miss Lydia Maxwell

(a) RESIDENCE NO. 1017 N. Appleton St. (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~ Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 11th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Francis G Maxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Wm. J. Hill 1017 N. Appleton St.

15 [illegible] Washington Wilson Undertaker Residence

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8-1933

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1. 1932, to Jan. 8. 1932

That I last saw h[illegible] alive on Jan. 8. 1932

and that death occurred, on the date stated above, at 6 40 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm Lt. C. Blake M. D.

19 (Address) 719 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Jan 10 1933

20 UNDERTAKER Eastern Ave ADDRESS 2224 E Lombard St

9-1933

TION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 86433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86433

CERTIFICATE OF DEATH

V 93-003

Registered No. 10-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Greenmount Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Rigley

(a) Residence: No. 1217 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Rigley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susan (O'Neill)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Susan Rigley

(Address) 1217 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 10, 1933

19. UNDERTAKER

(Address) Huntington, Williams, N.Y.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to January 8, 1933

I last saw her alive on January 8, 1933 Death is said to have occurred on the date stated above, at 9.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	12/26
Auricular fibrillation	" "
Other contributory causes of importance:	
Cerebral coma	2
Bronchitis	2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Mulvihill, M. D.

(Address) 532 E. 32nd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86434

CERTIFICATE OF DEATH

E 86434

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 W Lexington St. 90-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Keeler

(a) Residence: No. 2136 W Lexington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Keeler

6. DATE OF BIRTH (month, day, year) 8/2

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Mannion

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Tunnes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patrick Keeler

(Address) 2136 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem Date 1/10 1933

19. UNDERTAKER Geo A Farley

(Address) Fayette & Mathews, Balto

FILED N9-1933 H. Lexington Mathews, Balto

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933, to January 7, 1933

I last saw h[illegible] alive on January 7, 1933 Death is said to have occurred on the date stated above, at. 4.5 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-6-33
Uremia - Sclerosis	1920
Other contributory causes of importance:	
Acute bronchitis	12-27-32

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry C Ohle, M. D.

(Address) 1203 W Fayette St

M. D. B. 1268-9 1203 N Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86435

CERTIFICATE OF DEATH

E 86435

V 93-063

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Forrhaban Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis A Callahan

(a) Residence: No. 3309 Forrhaban Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Callahan

6. DATE OF BIRTH (month, day, year) Sept 3 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Danl J Callahan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary A Callahan

(Address) 3309 Forrhaban Ave

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem Date Jan 10, 1933

19. UNDERTAKER Eugene A Corkery

(Address) 1400 Eutaw Place

FILED JAN 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 02, 19.., to Jan 7 33, 19.. I last saw him alive on June, 19 33. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Acute dilitation of heart	Jan 7/33

Other contributory causes of importanre:

myocarditis	June 1/32
Low blood pressure	
enlarged heart - about 6 mos	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Wallace S Mullett M. D.

(Address) 2220 Harrison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 86436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

E 86436

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 N Wolfe St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J Hohman

(a) Residence: No. 2019 N Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Natalie A Hohman

6. DATE OF BIRTH (month, day, year) Dec 5th 1867

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pork Butcher

10. Date deceased last worked at this occupation (month and year) 14 days

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Konrad P Hohman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Bingle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Henry J Hohman

(Address) 2019 N Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Jan 10, 1933

19. UNDERTAKER Geo Lilly & Sons

(Address) 422 W Baltimore St

20. FILED 1-9-1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 22 1932 to January 7 1933

I last saw h[illegible] alive on January 7 1933 Death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	24 yrs approx
Other contributory causes of importance: Carbuncle Acute nephritis and Uremia	17 days 2 days

Name of operation Incision & drainage of Carbuncle Date of 12/22/32

What test confirmed diagnosis? Physical & Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Albert E Dunberg M. D.

(Address) 2025 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 86437 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86437

CERTIFICATE OF DEATH

95-001

Registered No. 27-94

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 St. John's Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Annie E. Patterson

(a) Residence: No. 631 St. John's Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Patterson

6. DATE OF BIRTH (month, day, year) July 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bennett R. Lawson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Bowling

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss M. Rose Patterson

(Address) 631 St. John's Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/10 1933

19. UNDERTAKER Henry A. Myers & Son

(Address) 805 N. Calvert Street

20. FILED JAN 9 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan - 4 1933 to Jan - 7 1933

I last saw her alive on Jan 7 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Jan. 1 '33
Auricular Fibrillation	Jan. 3. 33
Coronary Occlusion	Jan 7 '33

Other contributory causes of importance:

Senile Changes Deliriosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 422 Roland Ave

STATE CAUSE OF DEATH in plain terms. So that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Guralski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86438 E 86438

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charg Home & Infirmary St. 92-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Guralski

(a) Residence: No. 219 S. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Gurakski

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	if LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foundryman $6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Wks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank Guralski

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ???

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address) 219 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary cem. Date ....., 1933

19. UNDERTAKER F. Rozazewski

(Address) 1930 eutaw pl

20. FILED 9-1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.17 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Hemiplegia)	Jan 6/33
Bronchopneumonia	Jan 3/33

Other contributory causes of importance:

Chr Endocarditis & aortic valve disease	???
Arteriosclerosis	???

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos H Carey M. D.
Coroner

(Address) 508 E Pratt St

M. D. B. 1268-9

E 86439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86439

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH :

CITY OF BALTIMORE: (No. 1652 Warwick Ave. 16-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Sosath

(a) Residence: No. 1657 Warwick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Jan. 7. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 178

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Frederick Sosath

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Enoch

(Address) 1652 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 11 1933

19. UNDERTAKER Mrs. Nus. John McGuire & Son

(Address) 801 W. Fayette St.

19-1933 (Filed) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1932 to Jan 9th 1933

I last saw h.. alive on Jan 9th 1933. Death is said to have occurred on the date stated above, at 3.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with Hypertension	Sept 1932
Other contributory causes of importance:	
Chronic Nephritis	Sept 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney A. Streett M. D.

(Address) 1500 E. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86440 108 86440

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Maryland General Hospital St. 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Kruse (Mrs)

(a) Residence: No. 5000 Eastern Ave St. Ward.
(Usual place of abode) Elmer (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kruse

6. DATE OF BIRTH (month, day, year) Oct 5 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gottlieb Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elis. Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record Maryland Gen. Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Jan 10, 1933

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St

20. Filed JAN 9-1933 Baltimore, Md. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1932 to 1-9, 1933

I last saw her alive on Jan 8, 1933. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Bronchitis	?
Senile fracture Rt.	12-28

Other contributory causes of importance:

Lobar Pneumonia	1-6-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) City Hospital Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 86441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86441

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Powers St. St. 13-01 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hively

(a) Residence: No. 800 Powers St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Hively

6. DATE OF BIRTH (month, day, year) Feb 11, 1849

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clarence Shearer
(Address) Hampstead Carroll Co, Md.

18. BURIAL, CREMATION, OR REMOVAL

Manchester Carroll Date Jan 11, 1933

19. UNDERTAKER Edmondson Tyson

(Address) 3615-17 Edmondson Ave.

FILED Huntington Williams, M.D.
Registrar.

N 9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933 to Jan 9, 1933

I last saw her alive on Jan 9, 1933 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Ch.	6 mo
Other contributory causes of importance:	
Arteriosclerosis	4 yrs
Cerebral Sclerosis	6 mo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wade H. Hall M. D.

(Address) 20 20 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86442

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 W 36th St. 43-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob R. Schaffer

(a) Residence: No. 712 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schaffer

6. DATE OF BIRTH (month, day, year) May 9, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Schaffer.

(Address) 6306 Glenbuck Road

18. BURIAL, CREMATION, OR REMOVAL

London Park. Date Jan 10, 1933

19. UNDERTAKER Chenoweth & Son.

(Address) 3615-17 Chestnut Ave.

20. Filed JAN 9-1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to Jan 8, 1933

I last saw him alive on Jan 7, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	
Chronic Bronchitis	
Senility	

Name of operation None Date of

What test confirmed diagnosis? Blood Wass Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. H. Martin M. D.

(Address) 4037 Falls Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 86443 HEALTH DEPARTMENT—CITY OF BALTIMORE

Ridgewood

CERTIFICATE OF DEATH

108

E 86443

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3926 Ridgewood Ave. Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Greene

(a) Residence: No. 3926 Ridgewood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Villata Greene.

6. DATE OF BIRTH (month, day, year) March 12, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolberry Mills

10. Date deceased last worked at this occupation (month and year) 1886 (Total time (years) spent in this occupation)

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John L Greene.

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Cullum

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gertrude Russell

(Address) 3926 Ridgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Jan 12 1933

19. UNDERTAKER Edmondson Bros.

(Address) 3615-17 Edmondson Ave.

20. [illegible] Huntington Willgues M.D. Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 9, 1933.

I last saw him alive on Jan 9, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 4
Other contributory causes of importance: Acute Cardiac Dilatation	Jan 9

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) H. H. Ridgewood M.D.

(Address) 850 E 36 St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 86444

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 E. Lafayette Ave. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Butts,

(a) Residence: No. 219 E. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Butts,

6. DATE OF BIRTH (month, day, year) September 23. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Llewellyn,

14. BIRTHPLACE (city or town) (State or country) Portsmuth Va.

MOTHER

15. MAIDEN NAME Helen G. Butt,

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Mrs Lida H Bright

(Address) 219 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL. JAN 11 1933

Place Greenmount Cem. Date ..... 19....

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED JAN 9 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 9 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 19 32 to Jan 9 19 33

I last saw h[illegible] alive on Jan 8 19 33 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	Jan 1

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John T. Avery M. D.

(Address) 1603 Bradley

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86445

CERTIFICATE OF DEATH

E 86445

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 6 Ward)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Ernest Wegge1

(a) Residence: No. 3229 Belair Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, ~~Widowed, or Divorced~~ HUSBAND of (or) WIFE of Louise Wegel

6. DATE OF BIRTH (month, day, year) Dec 6, 1884

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

634

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Geo. E. Wegel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stecher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Wegel Wife

(Address) 3229 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairwood Date Jan 12 1933

19. UNDERTAKER Pobst & Sons

(Address) 700 Edmondson Ave

FILED JAN 9 1933 Huntington Willis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY. That I attended deceased from Jan. 3, 1933, to Jan. 9, 1933. I last saw him alive on Jan. 9, 1933. Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
influenza	12/22/33
bronchopneumonia	12/31/33

Other contributory causes of importance:

varicose ulcer of left leg	?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical & lab. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. L. Cannie M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 86446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86446

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 E. 31st St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Bannon

(a) Residence: No. 1807 E. 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Michael H. Bannon

6. DATE OF BIRTH (month, day, year) Aug 14th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Agnes Bannon
(Address) 1807 E. 31st st

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 12 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

19-1933 FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/7, 1925, to 1/9, 1933.

I last saw her alive on 1/7, 1933. Death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/7/33
Other contributory causes of importance:	
Hypertension	1925

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) J. J. Finley M. D.

(Address) 2250 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86447

E 86447

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1017 N. Fulton Ave (St.) (Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mussington

(a) RESIDENCE NO. 1017 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Mussington

6 DATE OF BIRTH (month, day, and year) Sept 17, 1884

7 AGE Years 48 Months 3 Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer. Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork & Seal Co

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Richard Mussington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Henrietta Gillespie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Accomac Co Va

14 Informant Lila Baldwin

(Address) 1017 N. Fulton ave

15 Huntington Williams, M.D.

1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Illuminating Gas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Jan 9th 1933 Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Date of Burial Jan 11th 1933

20 UNDERTAKER W. E. Cook ADDRESS 1217 St Paul

Very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86448

CERTIFICATE OF DEATH

112 E 86448

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Homestead St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Francis A. Grieves

(a) Residence: No. 1521 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary L. Grieves

6. DATE OF BIRTH (month, day, year) May 25th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME David Grieves

14. BIRTHPLACE (city or town) Sullivan (State or country) Ireland

MOTHER

15. MAIDEN NAME Susan Owens

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary L. Grieves
(Address) 1521 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 11th 1933

19. UNDERTAKER Wm Cook
(Address) [illegible] St Paul St

FILED JAN 9 1933, 19... Huntington Rutgers, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Jan 8 1933.

I last saw him alive on Jan 8 1933 Death is said to have occurred on the date stated above, at 12 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	5 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
(Specify)

(Signed) Jos. L. Holmstead M. D.

(Address) 14 St Paul

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86449 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 E 86449

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3925 Ridgewood Ave (Ward) 45-04

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Mills

(a) Residence: No. 3925 Ridgewood Ave Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Robert P. Mills

6. DATE OF BIRTH (month, day, year) Dec 2nd 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Levin Mills

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Mary Woolford

16. BIRTHPLACE (city or town) (State or country) Dorchester Md

17. INFORMANT Mrs Harry C. Craig

(Address) 3925 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Madison Md. Date Jan 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. St Paul St

20. FILED ... 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1933 to Jan 8th 1933

Last saw her alive on Jan 8th 1933 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Disease — Date of onset

Other contributory causes of importance:

Terminal Pneumonia

Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. W. Mundy M. D.

(Address) 304 E. Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86450

CERTIFICATE OF DEATH

E 86450

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9-21 St., Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Collins

(a) Residence: No. Washington Ave, Laurel, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann

6. DATE OF BIRTH (month, day, year) May 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy Yard

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown Ellen Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Inez S. Collins

(Address) Washington Ave, Laurel

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Laurel Md Date Jan 11 1933

19. UNDERTAKER Floyd Janney

(Address) Laurel Md

Huntington Williams, M.D.
Registrar.

FILED JAN 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to Jan 1933

I last saw h alive on Jan 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Crushed right chest — Date of onset 1/9/33
Punctured lung

Other contributory causes of importance:

Struck by automobile — 1/9/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/9 1933

Where did injury occur? Washington Ave Laurel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Struck by auto while

Nature of Injury walking in road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Adcock Coroner M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 86451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86451

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 2919 Brighton St. S. 16-01 WARD)

2-FULL NAME John Walton Harris

(a) RESIDENCE No. 2919 Brighton Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Florine Turner Harris (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Medley's Neck
(State or country) St. Mary's Co., Md.

PARENTS

10 NAME OF FATHER John Francis Harris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rosalie Susan Brady

13 BIRTHPLACE OF MOTHER (city or town) Leonardtown
(State or country) St. Mary's Co., Md.

14 Informant Duncan M. Harris
(Address) 2919 Brighton Street

15 Filed JAN 10 1933, 19 Huntington V. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1933

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 19 32, to Jan. 8, 19 33

that I last saw him alive on Jan. 8, 19 33

and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

bronchial pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic myocardial degeneration arterio-sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No special test

(Signed) Jacob R. Mogan M. D.

1/9, 1933 (Address) 6-E Read St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Co. Md. Removal St. Andrews Cemetery

DATE OF BURIAL 1/10 1933

20 UNDERTAKER Elmer R. Forrest

ADDRESS Mechanicsville, Md.

JAN 10 1933

SHOW CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 86452 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86452

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Moravia Bldv. St.) 27-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma F. Bloss

(a) Residence: No. 3313 Moravia Bldv. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bloss

6. DATE OF BIRTH (month, day, year) March 13 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. Randolph Bloss
(Address) 3313 Moravia Bldv.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 10 1933

19. UNDERTAKER Wm J Stevenson
(Address) 1512 N Eutaw ave

JAN 10 1933 Huntington Wilkinson M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1932, to Jan. 7, 1933

I last saw her alive on Jan. 7 1933 death is said to have occurred on the date stated above, at 430 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Arteriosclerosis	1925
Senility	1920

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.
(Address) 6067 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86458 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-0 E 86453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 515 Maude Ave St., Brooklin 25 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander J. Lloyd.

(a) Residence: No. 515 Maude Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 14th 1897

7. AGE: Years 35 | Months 8 | Days 25 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: John. N. Lloyd.

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Francis E. Mackey

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Mrs. Francis E. Lloyd.

(Address) 515 Maude Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Bowie Md. Date: 1-12th 1933

19. UNDERTAKER: Mrs Frank Woods.

(Address) Millersville Md

20. [illegible] Lington Williams M.D.

Registrar

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1933, to Jan 9 1933.

I last saw him alive on Jan 9 1933. Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	1/4/33

Other contributory causes of importance:

Influenza	1/2/33

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:

(Signed) [illegible] M. D.

(Address) 1317 Eutaw Pl.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86454

E 86454 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. St., 18-01 Ward)

Registered No. 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Goolie Peaker

(a) Residence: No. 1014 Bennett Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Peaker

6. DATE OF BIRTH (month, day, year) 9-14-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) E. Shore, Md.

FATHER

13. NAME William Peaker

14. BIRTHPLACE (city or town) (State or country) Hartford Co., Md

MOTHER

15. MAIDEN NAME Lewa Hooper

16. BIRTHPLACE (city or town) (State or country) East Shore, Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-11-33

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED JAN 10 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-33

22. I HEREBY CERTIFY, That I attended deceased from 12-12-32, 19..., to 1-6-33, 19...

I last saw him alive on 1-6-33, 19... Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture of urethra	10-12-32
Uremia	12-28-32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-7-33 (Signed) Ellen Highbarger, M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268.9

E 86455 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86455

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Dolphin St., 17-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm H Cuff.

(a) Residence: No. 617 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 28-1885

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Cuff.

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Christie Clark

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Christie Cuff
(Address) 619 Dolphin

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date: Jan 11 1933

19. UNDERTAKER: Thomas E. Kelson
(Address) 1420 Pressman St.

20. FILED ... 19...
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Diabetes — 1 year

(Other contributory causes of importance:)

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

Spec.—3-30—A. & Co.—250 Blks.

E 86456

E 86456 HEALTH DEPARTMENT—CITY OF BALTIMORE

23V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Brunt St 14-01 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Roland Earl

(a) RESIDENCE NO. 1917 Brunt St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 1, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greensville Co Va.

PARENTS

10 NAME OF FATHER George Earl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Phoebe Heath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mariana Dotson
(Address) 1917 Brunt St

15 Filed ....., 19.... H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7/33

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 7, 1933

that I last saw h[illegible] alive on Jan 7, 1933

and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

1 Tuberculosis of Lungs

(duration) 2 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Was confined to Hospital 15 mo's

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis? Confined to Hospital 15 mo's

(Signed) Wm Frey M. D.

1/9, 1933 (Address) 1938 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Jan 11 1933
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1203 Pierpont St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86457

86457

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Bayard St. 21-01 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 21 yrs. ..... mos. ..... ds.

2. FULL NAME Walter A. Petrusko

(a) Residence: No. 911 Bayard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcella Petrusko

6. DATE OF BIRTH (month, day, year) No 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46 47				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithvania

FATHER

13. NAME Iokubas Petrusko

14. BIRTHPLACE (city or town) (State or country) Lithvania

MOTHER

15. MAIDEN NAME Marcella Drangin

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT Marcella Petrusko
(Address) 911 Bayard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11 Janv. 1933

19. UNDERTAKER John Grebliauckas
(Address) 423 S Paca Street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1932 to 1-8 1933

I last saw h[illegible] alive on 1-8 1933 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis a marked	?
Hypertension	
Chronic Tuberculosis	?
Other contributory causes of importance:	
Pulmonary Oedema	1d

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph Kraukaitis M. D.

(Address) 679 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86458

CERTIFICATE OF DEATH

54-001

86458 OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3700 Greenmount St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Wilson

(a) Residence: No. 3709 Greenmount St. Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde N. Wilson

6. DATE OF BIRTH (month, day, year) Aug 2, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME Wm. H. Adams

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Elizabeth Kerns

16. BIRTHPLACE (city or town) (State or country) Carroll County Md.

17. INFORMANT Clyde N. Wilson

(Address) 3709 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md. Date Aug 10 1933

19. UNDERTAKER Fred M. Kemp

(Address) Hagerstown Md.

20. FILED AUG 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 1923 to Jan 8 1933

I last saw her alive on Jan 8 1933. Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenomatous Cyst of Ovary	Jan 1931
Other contributory causes of importance:	
Multiple cystic adenomas of abdomen	July 1932

Name of operation Laparotomy Date of May 1931

What test confirmed diagnosis? Pathologist examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George M. Dick M. D.

(Address) 7 W. Mulberry St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact nature of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86459 2645 **HEALTH DEPARTMENT—CITY OF BALTIMORE** LR 86459

CERTIFICATE OF DEATH

11-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Buchner

(a) Residence: No. 2120 Callow Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/31/08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME Dr Edward Buchner

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Louise Cable

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. ~~BURIAL~~, CREMATION, ~~or REMOVAL~~ Place Cedar Hill Cem. D.C. Date Jan 10 1933

19. UNDERTAKER John C. Stutchell Sons
(Address) 1914 Eutaw Place

20. FILED ..... 19..... ..... Registrar.

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 9, 1933

I last saw h.. alive on Jan 9, 1933 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/24/32
Lobar Pneumonia (Pneumococcus Type III) Lower Lt. & Left Lobes	1/2/33

Other contributory causes of importance:

Pentonitis
Paralytic Ileus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ralph J. Hebb M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86460

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Hilton St. St. 16-01 Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia S. Eichelberger

(a) Residence: No. 1600 N. Hilton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Eichelberger

6. DATE OF BIRTH (month, day, year) July 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Sanderson

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Hannah A. Pearson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna I Tucker

(Address) 1600 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy Date Jany 10. 33

19. UNDERTAKER John O Stitcher Sons

(Address) Funeral Parlors

JAN 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7th, 1933, to Jan 9th, 1933.

I last saw h. alive on Jan 9th, 1933. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	18 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Isaac C. Dickson M. D.

(Address) 3055 W. North ave.

Information asked for in this certificate is required by law. Accuracy is necessary. Any person who wilfully makes any false statement in this certificate shall be guilty of a misdemeanor and subject to the penalties prescribed by law. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86461

CERTIFICATE OF DEATH

V 92-201 E 86461

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Darley Ave St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Read

(a) Residence No. 1116 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Widower Hannie N Read

6. DATE OF BIRTH (month, day, year) Oct 10th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Manger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Manger

10. Date deceased last worked at this occupation (month and year) Nov 32

11. Total time (years) spent in this occupation 40 05

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James L Read

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Sophia A Schaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Alice Edmunds
(Address) 1624 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Jan 11th 1933

19. UNDERTAKER George Schilling & Sons
(Address) 1124 1126 E Monument St

19. FILED JAN 10 1933 Huntington Hill [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31-1932 to 1-9 1933

I last saw h alive on 1-9 1933 Death is said to have occurred on the date stated above, at 10 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5 1/2 yr
Myocardial Degeneration	2 Day

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) David Riesen M. D.

(Address) 1710 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86462

CERTIFICATE OF DEATH

E 86462

122-001

Registered No. 46-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida Lizzie Bolton

(a) Residence: No. 1710 Ellamont St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Ross Bolton

6. DATE OF BIRTH (month, day, year) About 1853(?)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	79 (?)	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Everst

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Ann Carr

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Miss Katherine B. Frederick

(Address) 4608 Roland Ave., Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11 1933

19. UNDERTAKER Stewart & Co.

(Address) 1538 Eutaw Place

20. FILED ..... 19..... Registrar.

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1932, to Jan. 10, 1933

I last saw h.. alive on Jan. 10, 1933 Death is said to have occurred on the date stated above, at 3^00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Strangulated Epigastric Hernia	12/17/32

Other contributory causes of importance:

(1) Cardio-vascular-Renal disease (Arteriosclerotic) & Cardiac decompensation	?

Name of operation Herniaplasty (Epigastric) Date of 12/17/32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. J. Chaney M. D.

(Address) Balt. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86463

CERTIFICATE OF DEATH

1. PLACE OF DEATH - Md General Hospital 59

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 11-01 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Lee Selby M.D

(a) Residence: No. Rock Hall Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/12/1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	66	9	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MD.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co Md

FATHER

13. NAME James Selby

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Williamina Cunnington

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rock Hall Md Date Jan 10 33

19. UNDERTAKER Stewart Mowell Co

(Address) Easton Md

20. FILED ..... 19.....

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 , 1932 to Jan 9 , 1933

I last saw him alive on Jan 9 , 1933. Death is said to have occurred on the date stated above, at 7 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteria Sclerotic Gangrene	July 32
of Right foot	

Other contributory causes of importance:

Pulmonary Embolus	1/9/33

Name of operation Mid Thigh Amputation Date of 1/8/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. L. Selby M. D.

(Address) Md General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86464 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86464

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 E Monument St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Sommers

(a) Residence: No. 1437 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	30	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer O&C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box factory

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Sommers

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md.

MOTHER

15. MAIDEN NAME Maggie Frost

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

17. INFORMANT Maggie Sommers (Mother) (Address) 1437 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place asbury cemetry Date Jan 10 1933

19. UNDERTAKER Edw Bryan (Address) 1621 Gardenia St.

20. FILED ..... 19.. Registrar.

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1932 to Jan 5 1933

I last saw him alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 9 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cyto Nephrosis	1 mo
Other contributory causes of importance: Generalized Septicemia	1 wk

Name of operation none performed Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. Young M. D.

(Address) 1437 E Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 86465 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86465

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear 129 N Pearl St Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dy. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick G. Hantel

(a) Residence: No. 1631 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hantel

6. DATE OF BIRTH (month, day, year) Dec 6 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas G. Hantel

14. BIRTHPLACE (city or town) (State or country) St. Thomas

MOTHER

15. MAIDEN NAME Elizabeth Shipley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. E. Hantel
(Address) 1631 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 1/12 1933

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St

20. FILED JAN 10 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Poisoned by illuminating gas.	1
Accidental death	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-8 1933

Where did injury occur? Parsons
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Open gas jet

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

86466 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86466

CERTIFICATE OF DEATH. 14.6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 Clifton Park Terrace Sec 01 WARD)

2-FULL NAME Margaret M. Fahey

(a) RESIDENCE NO. 3030 Clifton Park Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Fahey

6 DATE OF BIRTH (month, day, and year) May 5, 1908

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	7 8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Milton E. Dill

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Augusta Condon

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14 Informant Edward Fahey
(Address) 3030 Clifton Park Terrace

15 Filed JAN 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9 1933

17 I HEREBY CERTIFY, That I attended deceased from 1-3, 1933, to 1-9, 1933

that I last saw her alive on 1-9, 1933

and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Pregnancy

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical signs

(Signed) David Miller, M. D.

1933 (Address) 1508 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 1/12 1933.

20 UNDERTAKER Frederick A. Cole — ADDRESS 250 W. Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 86467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86467

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward) 107-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Cole

(a) Residence: No. 110 N. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rastl a

6. DATE OF BIRTH (month, day, year) 12-25-97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME John Cole

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Berkley Co. W. Va. Date 1/13 1933

19. UNDERTAKER Frederick A. Cole
(Address) 14-16 W. Lombard St

20. FILED ..... 19.. ..... Registrar.

JAN 10 1933 City Hall, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933 to Jan 10, 1933

I last saw him alive on Jan 10, 1933 Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis	
Amyloid disease (?)	
Autopsy	

Other contributory causes of importance:

Pneumonia (Broncho)	

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. B. Knuble M. D.

(Address) 1411

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—5M E's.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86468 131 E 86468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 Pierce ST. 17-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lulu Perry

(a) RESIDENCE NO. 667 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE 63 62 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jno. W. Downes

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rubsam

13 BIRTHPLACE OF MOTHER (State or country)

14 Informant Goldie Perry (Address) 667 Pierce St.

15 Filed JAN 10 1933 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1933, to Jan 7, 1933.

that I last saw her alive on Jan 6, 1933

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

6 hr. Interstitial keratitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Walter D. Fanford, M. D.

1/8, 1933 (Address) 1522 Hartlehen Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem | DATE OF BURIAL 1/10 1933

UNDERTAKER Bernard O. Hundley Sons | ADDRESS 848

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86469

CERTIFICATE OF DEATH

108

E 86469

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St., 17-ok Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E. Wilson

(a) Residence: No. 506 Moore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clara Hazelton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Webster Hazelton
(Address) 506 Moore St.

18. BURIAL, CREMATION, OR REMOVAL
Interment Laurel Cem. 1/11 19 33

19. UNDERTAKER Bernard O'Reardon
(Address) 818 Light Street

I, Huntington Williams, Registrar, hereby certify that the above is a true copy of the record of death in my office.

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1932 to 1-8, 1933

I last saw h/M alive on 1-8, 1933 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	12-28-32
Pulmonary Edema	1-7-33
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas Lubin, M. D.

(Address) South Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Bks.

E 86470 ✓ E 86470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 233 N. Eden St 5-01 WARD)

2 FULL NAME Washington Jones

(a) RESIDENCE No 233 N. Eden St WARD Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte Co. Va

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Mary Green
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Laura N. Jones
(Address) 233 N. Eden St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1-33

17
I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Jan 7, 1933
that I last saw h living on Jan 7, 1933
and that death occurred, on the date stated above, at 5:55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Fowler M. D.

1933 (Address) 501 Eutaw St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-10-1933

20 UNDERTAKER Byron & Manuel Wright ADDRESS 1218 McElderry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 16 1933

M. D. B. 1268-9

86471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86471

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) 18-01 (Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine White

(a) Residence: No. 872 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. White

6. DATE OF BIRTH (month, day, year) Feb. 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	11 mo	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hancock, Md.

FATHER

13. NAME George Cordell

14. BIRTHPLACE (city or town) (State or country) Smithburg Pa

MOTHER

15. MAIDEN NAME Mary F. Cumming

16. BIRTHPLACE (city or town) (State or country) Smithburg ?

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 1/11 1933

19. UNDERTAKER John J. Edwards Son

(Address) 901 Fallsway

20. FILED 1/10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-8-32, 19..., to 1-9, 1933

I last saw her alive on 1-8, 1933 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Pernicious anemia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phrazer M. D.

(Address) Baltimore City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86472 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86472

CERTIFICATE OF DEATH

95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Bradford St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margeret Newmann

(a) Residence: No. 817 N. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Newmann

6. DATE OF BIRTH (month, day, year) April 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Gerhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Peter Newmann 817 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Carmel Cem. Date Jan. 11, 1933

19. UNDERTAKER (Address) Mrs. E. Mellott & Sons 2334 Eutaw St.

JAN 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932 to 1-8, 1933

I last saw h.. alive on 1-8, 1933 Death is said to have occurred on the date stated above, at 8:09

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	?
Cardiac Decomp.	12/19/33

Other contributory causes of importance:

Auricular Fibrillation	?

Name of operation none Date of ....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pdorny M. D.

(Address) 2200 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86473

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 22-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Rosenbloom

(a) Residence: No. 613 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. A. Rosenbloom

(Address) Rocky Mount N. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-10-33 19

19. UNDERTAKER Jack Levine

(Address) 1432 E. Baltimore

Huntington Avenue, N.Y.

FILED JAN 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1933, to Jan 9th, 1933

I last saw him alive on Jan 9th, 1933. Death is said to have occurred on the date stated above, at 11:57 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/7/33
Cardiac Insufficiency	1/6/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel E. Bozorad, M. D.

(Address) Sinai Hospital

THE CAUSE OF DEATH in plain terms so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86474

E 86474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Berman

(a) Residence: No. 2111 Westwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler 038

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah -

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Berman (Brother)
(Address) 190 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 1-10-33. 19

19. UNDERTAKER Sol Levin Inc.
(Address) 1431 E. Baltimore St.

20. FILED JAN 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1933 to Jan 9 1933
I last saw him alive on Jan 9 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Acute Myocarditis	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A R Cohen M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO 1933

M. D. B. 1268-9

E 86475 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86475

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. Carey St. 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Lee Lemm

(a) Residence: No. 432 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	0	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry H. Lemm

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophie Turnberg

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry H. Lemm
(Address) 234 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Loch Raven Balto Date 1-10-33, 19

19. UNDERTAKER Geo Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to Jan 10, 1933

I last saw him alive on Jan 10, 1933. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Testicle with Metastasis to lungs	

Other contributory causes of importance:

Name of operation Amputation of testicle Date of Oct 1932

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer Muller, M. D.

(Address) 2410 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86476

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hosp 8-01 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Parr

(a) Residence: No. 2206 Kentucky Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mollie Parr

6. DATE OF BIRTH (month, day, year): July 15, 1875

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lieut Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Baltimore

10. Date deceased last worked at this occupation (month and year): Jan 2, 33

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John M Parr

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Cathman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mollie Parr
(Address): 2206 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem Date: Jan 11, 33

19. UNDERTAKER: Geo Syrakis & Son
(Address): 118 W Mt Royal Ave

20. FILED: JAN 10 1933 Thurston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 33 to Jan 8, 1933

I last saw him alive on Jan 8, 1933 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7 days
Other contributory causes of importance:	
Bronchopneumonia	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. M. Burns M. D.

(Address) Mercy Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 86477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86477

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....

CITY OF BALTIMORE: (No. 7 Page) (St. W Calhoun) (Ward 23)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys E. Gerhardt

(a) Residence: No. 923 North Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Daniel N. Gerhardt

6. DATE OF BIRTH (month, day, year): July 18 1906

7. AGE: Years 26 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Jas. A. Smith

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Daniel N. Gerhardt 933 S Charles St

18. BURIAL, CREMATION, OR REMOVAL — Place: Cedar Hill Date: 1-13-1933

19. UNDERTAKER (Address): E. & S. Hartz 115 E. Mt. St.

20. FILED ..... 19..... Registrar: Hattie Fox Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1933, to January 10, 1933

that I last saw h[illegible] alive on January 10, 1933 Death is said to have occurred on the date stated above, at 7 30 a m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia (bilateral) — Date of onset Dec. of 1932

Other contributory causes of importance:

None

Name of operation: None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Strieber M. D.

(Address) Franklin Square Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 86478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86478

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital ST. 2K-01 WARD)

2-FULL NAME Emma Kraeger

(a) RESIDENCE NO. 422 S. Ann ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Kraeger

6 DATE OF BIRTH (month, day, and year) about 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	58		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Robloff. sister.
(Address) 422 S. Ann St.

15 Filed ....., 19 Huntington Williams N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1933 to Jan 7 , 1933 that I last saw her alive on Jan 7 , 1933 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. J. Conery, M. D.

1-7, 1933 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. DATE OF BURIAL Jan. 11 1933

20 UNDERTAKER Lilly & Giles Inc. ADDRESS 103 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ANI 0.100

Spec.—2-29-28—L. F. S.—500 Bks.

E 86479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86479

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 932 S Bonney St. ST., 1-01 WARD)

2—FULL NAME Antoni Katayczak

(a) RESIDENCE NO. 932 S Bonney St ST., ... WARD Near Curtis Bay

(Usual place of abode) Eastern shore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Katayczak

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	82	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Stefan Katayczak

(Address) 1021 S Ellwood Ave

15 Filed JAN 18 1933, 19 ..... Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 9, 1933,

that I last saw h-- alive on Jan 9, 1933

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) H B Litton M. D.

1/9, 1933 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	1-12 1933
20 UNDERTAKER John J Buda	ADDRESS 2811 Hudson St

Important. See instructions on back of certificates.

E 86480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86480

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Light 23-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Sindler

(a) Residence: No. 1000 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Sindler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Sindler
(Address) 1000 Light st.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Rosedale Date Jan. 11, 1933

19. UNDERTAKER Sol Simson & Bro
(Address) 112 E Balto st

20. FILED JAN 10 1933, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Jan 9th, 1933.

I last saw him alive on Jan 9th, 1933. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. J. Lankin M. D.

(Address) 119 N. Milton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. P. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86481

E 86481

CERTIFICATE OF DEATH

95-002

REGISTERED NO. 15-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1411 N.~~ 42 S. Stockton ST., 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thos Colbert

(a) RESIDENCE NO. 425 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colo	Mar

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillian Colbert

6 DATE OF BIRTH (month, day, and year) 9/6/1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington (State or country) DC

PARENTS

10 NAME OF FATHER John Colbert

11 BIRTHPLACE OF FATHER (city or town) St Lukes Co Md (State or country)

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) DC

14 Informant Lillian Colbert

(Address) 42 South Stockton St

15 Filed JAN 10 1933 Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/33

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 19 32, to Jan 7, 19 33, that I last saw h alive on Jan 6, 19 33 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmo Oedema

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Horwood M. D.

Jan 9 19 33 (Address) 439 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/10 19 33

20 UNDERTAKER Chas A Burkett

ADDRESS 321 N. Carey St

important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86482

CERTIFICATE OF DEATH

E 86482

82-801

1. PLACE OF DEATH Elizabeth Ann Apts
CITY OF BALTIMORE (Division) Eastern & Bateman Ave (St.) 15-C (Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Towson Davis

(a) Residence: No. Eastern & Bateman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND (or) WIFE of: Anthony Smith Davis
6. DATE OF BIRTH (month, day, year): Oct 31st 1852
7. AGE: Years: 80 | Months: 2 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Wm Clay Towson
14. BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

MOTHER
15. MAIDEN NAME: Edmund Reynolds
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Towson Davis
(Address): Eastern & Bateman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Bethesda Md Date: 1/11/33

19. UNDERTAKER: F. D. Nesbit
(Address): 320 Eastern Ave

Filed: Jan 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/9/33

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Jan 9 1933
I last saw her alive on Jan 8 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Cerebral Hemorrhage	Jan 8 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) G. W. Bellis M. D.
(Address) 2224 W. Northern Parkway

Information should be carefully supplied. Age should be stated EXACTLY. If unknown state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 10 1933

M. D. B. 1268-9

E 86483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 86483

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hosp. 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Richie

(a) Residence: No. 525 S. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md. Memorial Date Jan 10 19 33

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Gilbert, M. D.
Coroner

1/9/33 (Address) 2739 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

33

NO 1933

THE MORGUE 1950

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86484 E 86484

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 Dover St. 21-01 Ward) Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Rouzer

(a) Residence: No. 743 Dover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1932

7. AGE Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME E. Rouzer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER

(Address)

20. Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ... M. D. Coroner

(Address) 273 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AN 1 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86485

CERTIFICATE OF DEATH

E 86485

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 W. Preston St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Briggs

(a) Residence: No. 239 W Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 239 W. Preston St Balto. Md.

FATHER

13. NAME John Briggs

14. BIRTHPLACE (city or town) (State or country) East Va.

MOTHER

15. MAIDEN NAME Mary Augusta Smith

16. BIRTHPLACE (city or town) (State or country) Bedford County Va.

17. INFORMANT Mary Augusta Briggs
(Address) 239 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place M. V. Mt Pleasant Date Jan 10, 1933

19. UNDERTAKER
(Address)

20. Filed JAN 10 1933 Huntington Williams, M.D. Registrar.

0053

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933 to Jan 9, 1933

I last saw him alive on Jan 9, 1933 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. Alexander Lowry, M. D.

(Address) 1516 Madison Ave

INSTRUCTIONS: Fill in all items. Use ditto marks (") only when they will not be misunderstood. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86486

CERTIFICATE OF DEATH

E 86486

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 S Charles St., 7-3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Alonzo T. Mosley

(a) Residence: No. 1508 S Charles St., Ward. 29

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marietta V. Wolfe

6. DATE OF BIRTH (month, day, year) Oct 16 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year) 4/15/32

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Hanoverwell Md

FATHER

13. NAME Rubin Mosley

14. BIRTHPLACE (city or town) (State or country) Hanoverwell Md

MOTHER

15. MAIDEN NAME Amanda Howard

16. BIRTHPLACE (city or town) (State or country) Hanoverwell Md

17. INFORMANT Mrs Marietta Mosley

(Address) 1508 S Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 11 1933

19. UNDERTAKER Chas. L. Sloans

(Address) 1501 E. Fort Ave

Filed JAN 10 1933 19 Huntington Woods, Md. 1/10/33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1932 to Jan 8th 1933

I last saw him alive on Jan. 6th 1933 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	

Other contributory causes of importance:

Name of operation Part of growth removed Date of Oct 1932

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Weibel M.D.

1/10/33 (Address) 1838-36 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

86487

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-07-08

E 86487

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 3624 Cottage Ave St. 15-04 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary V. Auburn.

(Residence in Baltimore: No. 3624 Cottage Ave St.: 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married a.s.w. 1-19-33

6 DATE OF BIRTH: August 5, 1852 ~~1853~~ (Month) (Day) (Year)

7 AGE: 80 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): West Newton Pa

PARENTS

10 NAME OF FATHER: Phillip Swanger

11 BIRTHPLACE OF FATHER (State or country): West Newton Pa

12 MAIDEN NAME OF MOTHER: Katie Clabel

13 BIRTHPLACE OF MOTHER (State or country): West Newton Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frances Auburn

(Address) 3624 Cottage Ave

15 Filed 1 01933 — Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 8th, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933. to Jan 8th 1933. that I saw her alive on Jan 8th 1933. and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Hamburg M. D.

Jan 9th 1933 (Address) 3735 Pk Heights Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan. 11. 1933

20 UNDERTAKER: Bernard A Fink — ADDRESS: 784 Washington Blvd.

is very important. See instructions on back of certificate.

M. D. H. 1268-B

E 86488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 86488

1. PLACE OF DEATH Provident Hospital — Registered No.

CITY OF BALTIMORE: (No. 1514 Dennison St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

*2. FULL NAME Martha Worsey

(a) Residence: No. Mount Airy County St., Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Worsey

6. DATE OF BIRTH (month, day, year) 1898-10-8

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrol County Maryland

FATHER

13. NAME John Hudson

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

MOTHER

15. MAIDEN NAME Mary Broadway

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

17. INFORMANT Raymond Worsey

(Address) Mount Airy County Maryland

18. BURIAL, CREMATION, OR REMOVAL,

Place Fairview County Date Jany 13th 1933

19. UNDERTAKER C. M. Hall

(Address) Fairview Chapel

Filed JAN 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1933 to 1-10, 1933

I last saw h alive on 1-10, 1933 Death is said to have occurred on the date stated above, at 2:37 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-7-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. T. Harris M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86489

CERTIFICATE OF DEATH

E 86489

1. PLACE OF DEATH Pronounced dead at Registered No. 210-002

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Callan

(a) Residence: No. 4512 Stanford St Grey Chase. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Nov. 19, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Callan Motor Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington D.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 4 5

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

FATHER

13. NAME James E. Callan

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Margaret C. Mass

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Frank Callan

(Address) 4224 Illinois ave Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Jan 12, 1933

19. UNDERTAKER Stewart & Co

(Address) 1414 New York ave

20. FILED JAN 10 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	1/10/33
Other contributory causes of importance:	
Automobile accident	1/10/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/10, 1933

Where did injury occur? Pulaski nr. Aberdeen (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury auto he was driving struck

Nature of injury a bus head on.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Sloan, M. D. Coroner

(Address) 2200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 86490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86490

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 888 W. Baltimore ST. (18-01 WARD)

2-FULL NAME Julius Brigman

(a) RESIDENCE NO. 888 W. Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Febry 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Proprietor

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Wm. Brigman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Brandon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Schaffer (sister) 888 W. Balto.

15 Filed ... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 9, 1933, that I last saw h alive on Jan 9, 1933, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Exam

What test confirmed diagnosis? .....

(Signed) Louis T. Lavy, M. D.

1/10 1933 (Address) 844 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/11 1933

20 UNDERTAKER H. C. Brauning Son

ADDRESS 1136 Baker St.

N 107933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 86491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86491

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Benjamin F. Arrington, Jr.

(a) Residence: No. 1503 Cox St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula V. Sandike (d)

6. DATE OF BIRTH (month, day, year) May 23, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 8-9yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME Benj. F. Arrington Sr.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Louise Cornwall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Albert Arrington

(Address) 1503 Cox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 1/12/1933

19. UNDERTAKER J. Walter Davis

(Address) 3418 Chestnut Ave.

20. FILED JAN 16 1933 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1933 to Jan 10th, 1933

I last saw him alive on Jan 10th, 1933 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 4th 1933
Other contributory causes of importance: Influenza (history)	Jan 2d

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Hancey Jr. M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. All items should be stated exactly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86492

CERTIFICATE OF DEATH

11-001 E 86492

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Covington ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME M. Catherine Strieter

(a) RESIDENCE NO. 1423 Covington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Louis Strieter

6 DATE OF BIRTH (month, day, and year) June 22/1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79.	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home. 80

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Ringdorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth M. Strohmeyer
(Address) 501 Aisquith St.

15 1 01933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9-1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 9, 1933, that I last saw h[illegible] alive on Jan 9, 1933 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. J. Wheeler, M. D.

1/10, 1933 (Address) 1279 Williams

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	1/12/ 1933
20 UNDERTAKER Walter Davis	ADDRESS 3418 Chestnut Ave

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

E 86493 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131 E 86493

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Charles St. 11-C Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude E. Anderson

(a) Residence: No. 600 N. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James E. Anderson

6. DATE OF BIRTH (month, day, year) Oct 17th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 07

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) North Mountain West Va.

FATHER

13. NAME Thomas B. Rock

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Virginia E. Hawken

16. BIRTHPLACE (city or town) (State or country) North Mountain West Va

17. INFORMANT James C Anderson

(Address) 600 N. Charles st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 12th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

Huntington Undertaking Co

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 32, 19..., to Jan 9 33, 19...

I last saw h... alive on Jan 2 33, 19... Death is said to have occurred on the date stated above, at 7:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis, Chr Endocarditis arteriosclerosis	1930
Other contributory causes of importance: Grippe	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 6 1933

M. D. B. 12984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86494

CERTIFICATE OF DEATH

V 131 E 86494

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 W. Barre St. 23-01 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Schumacher

(a)-Residence: No. 665 W. Barre St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Charles C. Schumacher

6. DATE OF BIRTH (month, day, year) Mar 29th 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Rauch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Zarlaff

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Harry E. Kemper

(Address) 1617 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 11th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Huntington Woods, N.J.

Registrar.

JAN 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1932 to Jan. 8 1933

I last saw h~~e~~r alive on Jan. 7 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	
Chr. Int. Nephritis	
Cardiac decompensation	

Other contributory causes of importance:

Cataract

Name of operation NONE Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Fruhinger M. D.

(Address) 622 West Lord

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86495 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157 E 86495

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 28-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Master Dominic Faraone

(a) Residence: No. 623 Orpington Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20 mo 1	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Angello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Serrano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mercy Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1-11 1933

19. UNDERTAKER George J. Butler
(Address) 1755 Harlem Ave

20. FILED JAN 10 1933 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1931 to Jan 9 1933

I last saw him alive on Jan 9th 1933 Death is said to have occurred on the date stated above, at 9:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Hydrocephalus	

Other contributory causes of importance:

Surgical Shock	

Name of operation Repair of Spina Bifida Date of Jan 9 1933

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) J H Goodman M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 10 1933

M. D. B. 1268-9

E 86496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 86496

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 N. Charles St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ruth Satterfield

(a) Residence: No. 1845 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 18 32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	22 71	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Emory W. Satterfield

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Geraldine Cole

16. BIRTHPLACE (city or town) (State or country) Wash. D. C.

17. INFORMANT Emory W. Satterfield
(Address) 1845 N. Charles

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 1/11/33 19

19. UNDERTAKER George J. Duffy Inc
(Address) 1225 W. Baltimore St.

20. FILED JAN 11 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . about 9 19 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:
Coxsackie - mitral insufficiency
Malnutrition

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. H. Cullen M. D.
Coroner
(Address) 605 E. Madison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Dr Carman V

E 86497 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-0 E 86497

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Ausquith St 10-01 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adlaine Roberts

(a) RESIDENCE NO. 936 Ausquith St St. Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec 26 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...m.in.
49	48		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Easton Talbot Md Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Adlaine Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Hilda Lemmon (Address) 936 Ausquith St

15 Filed JAN 10 1933, 19 Huntington Williams Registrar

N 101933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9- 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 9, 1933

that I last saw her alive on Jan 5, 1933

and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:

Right Hemoplegia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 936 Ausquith St

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R P Carman M. D.

Jan 10 1933, 19— (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: Jan 11 1933

20 UNDERTAKER: Raynor Sanders — ADDRESS: 1413 E Preston St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 86498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86498

CERTIFICATE OF DEATH

26 Jan 1933 5:30 pm

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice East

(a) Residence: No. 527 Armistead St., Ward. Hampton Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace East

6. DATE OF BIRTH (month, day, year) July 10 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jas Travis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Travis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hampton Va Date Jan 11 1933

19. UNDERTAKER M. Fountleroy
(Address) 1600 N. Robert Ave

20. Filed ..... 19 ..... Registrar.

JAN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Jan 10 1933

I last saw her alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive jaundice, stricture of common duct	April 1931
Duodenal ulcer, perforated	?

Other contributory causes of importance:

Name of operation Exploratory Laparotomy. Removal of stricture Date of 1-7-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M. B. Woodhead M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 86499

E 86499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Montford St. 8-01 WARD)

2-FULL NAME Christopher John Ward

(a) RESIDENCE NO. 1624 N. Montford ST., WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Emma Ward

6 DATE OF BIRTH (month, day, and year) Mar. 29, 1852

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	9	11 10	

8 OCCUPATION OF DECEASED 063

(a) Trade, profession or particular kind of work Linotype Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Patrick Ward

11 BIRTHPLACE OF FATHER (city or town) Dublin (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Emma Ward (Address) 1624 N. Montford St.

15 Filed JAN 11 1933, Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1933

17 I HEREBY CERTIFY, That I attended deceased from February, 1932, to Jan. 9, 1933, that I last saw h~~im~~live on Jan. 8, 1933, and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

more than (duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

more than (duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) A. M. Bacon, M. D.

1/9, 1933 (Address) 2810 Eng. Ave. Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. DATE OF BURIAL Jan 11th 1933

20 UNDERTAKER Leo L. Cook ADDRESS 1723 N. Patterson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificates.

M. D. B. 1268-A

E 86500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86500

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 E^o Fairmount ave St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sol Shear

(a) Residence: No. 1819 E Fairmount ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33 32.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schaffear

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Hyman Shear

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Shear

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Shear
(Address) 1819 E Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ner Tamid Cemetery Date Jan 11 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

20. FILED Jan 11 1933 Huntington Phillips M.D.

ANT 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1933 to Jan. 10, 1933.

I last saw h[illegible] alive on Jan 10, 1933. Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Stomach	acute

Other contributory causes of importance:

Carcino-Adenoma Rectum	acute

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold Levinson M. D.

(Address) 1127 E Baltimore St

State CAUSE OF DEATH in plain terms. Abbreviations should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86501

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19-01 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Joseph Falter

(a) Residence: No. 403 S. Monroe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	(nee

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Mary Falter (Schal

6. DATE OF BIRTH (month, day, year) Jan. 24, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Joseph A. Falter

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Eichelman

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Theresa M. Falter,

(Address) 403 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 12, 1933

19. UNDERTAKER Fritz J. Tietze

(Address) 1401 Hanover St.

20. FILED JAN 11 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1933, to January 9, 1933

I last saw him, alive on Jan 7, 1933. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Conrad Fade M. D.

(Address) 1900 Maryland Ave

N. B.—WRITE PLAINLY, WITH INK. Every item of information should be carefully stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86592 E 86592 E 86592

CERTIFICATE OF DEATH

145-001 E 86498

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 18-C Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. 16 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Miss~~ Cora Daniels

(a) Residence: No. 752 Waesche St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 12/27/32

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME David Daniels

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ida Whitfield

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Lena Richardson

(Address) 752 Waesche St.

18. BURIAL, CREMATION, OR REMOVAL

Place Everetts, N.C. Date Jan 11, 1933

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 S. Schroeder St.

20. FILED JAN 11 1933 19 ..... Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/28/32, 19, to 1/7/33, 19

I last saw her alive on 1/7/33, 19 death is said to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	1/4/33
Labor Pneumonia	1/5/33

Other contributory causes of importance:

Pregnancy

Name of operation Laparotrachelotomy Date of 1/8/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Edward W Warren, M. D.

(Address) University Hospital

E 86499

E 86503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86503

E 86499

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 904 N Fremont St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Lewis

(a) Residence: No. 904 N Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dudley (State or country) Ga

FATHER

13. NAME Samuel Lewis

14. BIRTHPLACE (city or town) Dudley (State or country) Ga

MOTHER

15. MAIDEN NAME Hattie

16. BIRTHPLACE (city or town) Dublin (State or country) Ga

17. INFORMANT Hattie Lewis
(Address) 904 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 11, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E Lanvale St

20. FILED Huntington Williams M.D.
Registrar.

JAN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Jan 7, 1933

I last saw h[illegible] alive on Jan 7, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Hemorrhage	Jan 7/33
Other contributory causes of importance:	
Pulmonary Tuberculosis	Nov 1

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H N Huffman M. D.

(Address) 1 W Preston St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86504

CERTIFICATE OF DEATH

E 86504

Registered No. 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Parkwood Ave 43-01 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Rebecca Wolman

(a) Residence: No. 2919 Parkwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Frank Wolman

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Wolman
(Address) 2919 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL,
Interment Rondel Park Date 1-11- 1933

19. UNDERTAKER Chas Sligo Inc
(Address) 439 E Baltimore St

20. FILED JAN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1933 to Jan. 10th 1933

I last saw h alive on Jan. 10th 1933 Death is said to have occurred on the date stated above, at 11 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/9/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harrington M.D. M. D.

(Address) 2132 Eutaw Pl

M. D. B. 1268-8

E 86505 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86505

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 614 Fairmount Ave W. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm G. Ross

(a) Residence: No. 614 Fairmount Ave St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Ross

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Jobbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whitewashing &c

10. Date deceased last worked at this occupation (month and year) 4 years ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Herculius Ross

14. BIRTHPLACE (city or town) (State or country) Dorchester Co.

MOTHER

15. MAIDEN NAME Hester Wilson

16. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md

17. INFORMANT Annie Ross

(Address) 614 Fairmont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/11/33

19. UNDERTAKER Robert R. Williams

(Address) 520 N Fremont Ave Baltimore Md

Registrar

JAN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1932, to Jan 6th, 1933

I last saw him alive on Jan 5th, 1933. Death is said to have occurred on the date stated above, at 10:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Fatal	
diminished Excretion.	

Other contributory causes of importance: Nephritis (Bright Disease)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. J. Evans M. D.

(Address) 3024 Frisby St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 86506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86506

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Myrtle Ave St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Beach Temple

(a) Residence: No. 502 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Temple.

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph L. Temple

(Address) 502 Myrtle ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvert Date 1-11 1933

19. UNDERTAKER Daniel Easter

(Address) 9/a Penna ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Jan 9, 1933

I last saw her alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Jan 6 1933

Other contributory causes of importance:

Hypertension	1930

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Easter, M. D.

(Address)

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

E 86507

E 86507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Payson St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles D. Serp

(a) Residence: No. 106 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia M. Serp.

6. DATE OF BIRTH (month, day, year) Oct 31. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Statistician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Serp.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret A. Brockhagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Virginia M. Serp.
(Address) 106 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 12. 1933

19. UNDERTAKER Mc. Mus. John W. Geitel & Son
(Address) 801 W. Fayette St.

JAN 11 1933

... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Jan 9 1933

I last saw her alive on Jan 9 1933. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 Yr

Other contributory causes of importance:

Chronic Nephritis	1 Yr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. S. Tarry M. D.

(Address) ...

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86508

CERTIFICATE OF DEATH

E 86508

1. PLACE OF DEATH Balto. City Hospitals

Registered No. 108

CITY OF BALTIMORE: (No. Balto. and St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Hill

(a) Residence: No. 730 George St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 10

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Walter Commis

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Hattie Freeman

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 12 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E. Schroeder St Huntington West Virginia

20. Filed JAN 11 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1933 to 1-6 1933

I last saw her alive on 1-6 1933 Death is said to have occurred on the date stated above, at 7:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar 1a	1-3-33

Other contributory causes of importance: Chronic

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-6-33 (Signed) Elmer Hirsberg M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 86509 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86509

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 W 38th St. 13-01 Ward) Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion A. Colison

(a) Residence: No. 905 W 38th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Colison.

6. DATE OF BIRTH (month, day, year) July 28, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)

FATHER

13. NAME Wm. H. Colison.

14. BIRTHPLACE (city or town) md.
(State or country)

MOTHER

15. MAIDEN NAME Henritta Glenn.

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Julia Colison.
(Address) 905 W 38th St.

18. BURIAL, CREMATION, OR REMOVAL
Strieby, Harwood Date Jan 13, 1933

19. UNDERTAKER Thurnwald & Low
(Address) 3615-17 Chestnut Ave.

20. FILED JAN 11 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Jan 10, 1933

I last saw h— alive on Jan 9, 1933 Death is said to have occurred on the date stated above, at 5:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and generalized arterio sclerosis.	2 y.
Other contributory causes of importance:	
Cardiac asthema	10 d

Name of operation — Date of

What test confirmed diagnosis Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. A. Smith M. D.

(Address) 3429 Chestnut Ave

1-30—M. & T.—100 B—50L

E 86510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86510

CERTIFICATE OF DEATH

34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 22-01 WARD

2-FULL NAME Eureka Brown

(a) RESIDENCE NO 806 S. Sharp St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bill Brown

6 DATE OF BIRTH (month, day, and year) April 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	37	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) N. Carolina
(State or country)

PARENTS

10 NAME OF FATHER Jim Saunders

11 BIRTHPLACE OF FATHER (city or town) N. Carolina
(State or country)

12 MAIDEN NAME OF MOTHER Maggie —

13 BIRTHPLACE OF MOTHER (city or town) N. Carolina
(State or country)

14 Informant Bill Brown

(Address) 806 Leadenhall St

15 Filed JAN 11 1933, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 806 Sharp

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. F. Hergan, M. D. Coroner

, 19 (Address) 1305 Hillman Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL 1/11/33

20 UNDERTAKER David L Brown & Son — ADDRESS 1015 N. Milton

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1936-3

E 86511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86511

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 570 N. Carlton St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos Brooks

(a) Residence: No. 570 N. Carlton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 1890-

7. AGE Years 43 | Months 42 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Brooks

(Address) 570 N Carlton

18. BURIAL, CREMATION, OR REMOVAL

Funeral Chapels Date. 1/12 33

19. UNDERTAKER Archibald P. Gaskins

(Address) 1218 Mc Cullough St.

20. FILED JAN 1 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Jan 9th 33 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	3 Days
Other contributory causes of importance:	
Influenza	7 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Frank Graham, M. D. Coroner

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A3Co. 5-31 250B

E 86512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86512

CERTIFICATE OF DEATH

121

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt Gen Hosp St., 1-01 Ward)

Length of residence in city or town where death occurred 86 yrs 8 mos ds. How long in U.S. If of foreign birth, yrs. mos. ds.

2. FULL NAME Vernon Meekins

(a) Residence: No. 2908 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a. If married, widowed or divorced, HUSBAND of (or) WIFE of Annie M. Meekins

6. DATE OF BIRTH (month, day, year) Jan 15 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving & Cartg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Business

10. Date deceased last worked at this occupation (month and year) for Himself

11. Total time (years) at this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

FATHER

13. NAME John M. Meekins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida E. Woodland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie M. Meekins

(Address) 2908 Mc Elderry

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 1/11, 1933

19. UNDERTAKER Philip Henry

(Address) 2016 Orleans St.

Filed JAN 11 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1933 to 1/8, 1933

I last saw h. alive on 1/8, 1933 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1/6/33
Other contributory causes of importance:	
Sub Acute Appendicitis	1/1/33

Name of operation Appendectomy Date of 1/7/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Hudler, M. D.

(Address) South Balto Gen Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

86513 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86513

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. 8-01

CITY OF BALTIMORE: (No. 2418 Kentucky Av St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Barton

(a) Residence: No. 2418 Kentucky a St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of — Late Catherine Barton

6. DATE OF BIRTH (month, day, year) Dec 25/69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	14/15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store & Office Fixture

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation 014

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Robt Barton

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edna Brockman

(Address) 2418 Kentucky Av

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1/12/33

19. UNDERTAKER Philip Hennig

(Address) 2016 Orleans St

20. FILED ..... 19..... Registrar.

JAN 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1933, to Jan 9 1933.

I last saw h.. alive on Jan 9 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 8/33

Other contributory causes of importance:

Arter Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Emma Krenner M. D.

(Address) 1900 Eastern Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86514

CERTIFICATE OF DEATH

92-E/86514

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 608 N. Belnord Ave St. (Ward) 7-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Catherine Petr

(a) Residence: No. 608 N. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Petr

6. DATE OF BIRTH (month, day, year) Unknown 1853

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Charvat

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Tuma

(Address) 608 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy-Redeemer Date Jan. 12 1933

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave.

20. JAN 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Jan 9 1933

I last saw h[illegible] alive on Jan 9 1933 Death is said to have occurred on the date stated above at 12.15 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocardial Insufficiency	Oct 1, 32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William R. Sauer M. D.

801 Edgewood

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86515

CERTIFICATE OF DEATH

E 86515

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Collington Ave. 7-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 46 yrs. ..... mos. ..... ds.

2. FULL NAME Katharina Lipa

(a) Residence: No. 920 N. Collington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lipa

6. DATE OF BIRTH (month, day, year) Unknown 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Dlouhej

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Lipa

(Address) 920 N. Collington

18. BURIAL, CREMATION, OR REMOVAL

Place Holy-Redeemer Date Jan 13 1933

19. UNDERTAKER Frank Cvach & Son

(Address)

20. FILED JAN 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to Jan 9 1933

I last saw h... alive on Jan 9 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Fatal Uterus Hemorrhage	July 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William F. Roemer M. D.

(Address) 801 N. Collington

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86516

86516

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Josephs Hosp. C-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Carmela Marucci

(a) Residence: No. 2906 Philadelphia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Marucci

6. DATE OF BIRTH (month, day, year) July 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Damanico

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angelina Delina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Marucci
(Address) 2906 Philadelphia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 11, 1933

19. UNDERTAKER Frank V. Pipitone
(Address) 418 E. Balto St

JAN 11 1933 19 ..... Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1933 to Jan. 9, 1933

I last saw h[illegible] alive on Jan. 9, 1933. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/2/33
Septicemia	
Pulmonary Edema	1/9/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert Kermisch M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86517

CERTIFICATE OF DEATH

54-002 E 86517

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Borden

(a) Residence: No. 1120 E Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Lizzie Borden

(Address) Balto City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 1/11/33

19. UNDERTAKER Robert E. Williams

(Address) 1515 Mt Vernon Pl

20. FILED JAN 11 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on Jan 11 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis and Nephritis	
Hemorrhage of Uterus	
Other contributory causes of importance:	
Ingestion Poison of Unknown	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86518

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 W. Saratoga St. 19-01 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Robinson

(a) Residence: No. 1409 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) / (State or country)

17. INFORMANT Lula S. Smith (Address) 1409 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Date Jan 14, 1933

19. UNDERTAKER Robt. E. Williams (Address) 515 McElderry St

JAN 11 1933 ... Interment Williamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1933 to 1-10, 1933

I last saw her alive on 1-9, 1933 Death is said to have occurred on the date stated above, at 1.16 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	one year

Other contributory causes of importance:

nephritis	5 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. S. Lamplugh M. D.

(Address) 1119 E. Lanvale St

E

86518

INFORMATION SHOULD BE WRITTEN WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

86519

E 86519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital ST. 5 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Allen

(a) RESIDENCE NO. 2145 Walbrook ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6 DATE OF BIRTH (month, day, and year) Dec. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
65 64	64	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lucas Ams Co Eastern Shore

PARENTS

10 NAME OF FATHER V

11 BIRTHPLACE OF FATHER (city or town) V (State or country)

12 MAIDEN NAME OF MOTHER V

13 BIRTHPLACE OF MOTHER (city or town) V (State or country)

14 Informant Howard Allen

(Address) 2145 Walbrook Ave

15 Filed JAN 13 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Jan 10, 1933, that I last saw him alive on Jan 10, 1933, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 6 weeks

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 8 weeks

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical Laboratory

(Signed) A. J. Conroy, M. D.

, 19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Md — DATE OF BURIAL Jan 13 1933

20 UNDERTAKER Williams Corle — ADDRESS 1217 Eutaw Pl

Funeral Director

G. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

E 86520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86520

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4032 Park Heights Ave St. 45-04 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence E Wessels

(a) Residence: No. 4032 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of August

6. DATE OF BIRTH (month, day, year) Apr 14 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L Nizer

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Ellen Biddison

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Florence E Woodford

(Address) 4032 Park Height

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 12 1933

19. UNDERTAKER George Smith

(Address) 1532 Baltimore

20. FILED JAN 11 1933 Hattie Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2- 1933 to Jan. 9 1933

I last saw h.r alive on Jan 9. 1933 Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	Jan 9-33

Other contributory causes of importance:

Chronic Myocarditis	1927

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Ashelmast M. D.

(Address) 4012 Park Heights Ave

A&Co. 5-11 2508

86521 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86521

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital 9-7-21 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William R. Darr

(a) Residence: No. Smith Ave. Mt. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Jessie Pearl

6. DATE OF BIRTH (month, day, year) Feb 12 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipefitter
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Benjamin F. Darr
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret E. Martin
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William E. Darr
(Address) Fox Hill Rd. Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
~~Cemetery~~ Place Front Royal Va. Date Jan 12 1933

19. UNDERTAKER George J. Smith
(Address) 532 Hollins St.

20. FILED JAN 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-5-33 , 19 , to 1-9-33 , 19

I last saw him alive on 1-9-33 , 19 death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-29-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. W. Donovan , M. D.

(Address) Bon Secours Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 86522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86522

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

CITY OF BALTIMORE: (No. Baltimore Md. St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Dorsey

(a) Residence: No. 15 N Battery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John —

6. DATE OF BIRTH (month, day, year) Feb 10 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis Dunn

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Acting Supt City Hospitals
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Balto. Cemetery Date Jan 12 1933

19. UNDERTAKER Margaret A. Flynn
(Address) 1717 Eutaw Pl.

20. FILED JAN 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1932 to 1-9 1933

I last saw her alive on 1-9 1933 Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hardening Arteries	11-1-32
Other contributory causes of importance:	
Bronchopneumonia	1-6-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-12-33 (Signed) Clem Asbrey M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86523

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Tracey

(a) Residence: No. Parkton Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Birdie Tracey

6. DATE OF BIRTH (month, day, year) Oct. 6, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation 14yrs

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER

13. NAME Elias Tracey

14. BIRTHPLACE (city or town) (State or country) Parkton Md

MOTHER

15. MAIDEN NAME Amanda Teruel

16. BIRTHPLACE (city or town) (State or country) Parkton Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Stabler, Balto Co. Md Date Jan 14 1933

19. UNDERTAKER Hartenstein & Co

(Address) [illegible]

20. FILED JAN 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1933 to Jan 11 1933

I last saw him alive on Jan 11 1933 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis - Acute uremia	?
Other contributory causes of importance:	
Arteriosclerosis and Senile Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard R. Tapper M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86524

CERTIFICATE OF DEATH

108 E 86524

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Ann ST., 2-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosalie Giardina

(a) RESIDENCE NO. 232 S. Ann ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: Vincent Giardina

6 DATE OF BIRTH (month, day, and year): Jan 11 - 1904

7 AGE: Years 28 | Months 11 | Days 29 27 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 37
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City Md.

PARENTS

10 NAME OF FATHER: Vincent Plotczyk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Bujanowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City Md

14 Informant: Vincent Giardina
(Address) 232 S. Ann St

15 Filed: Huntington Williams Registrar

JAN 11 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 8, 1933, that I last saw h[illegible] alive on Jan 8, 1933 and that death occurred, on the date stated above, at 9 17 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. DiStefano M. D.

Jan 10, 1933 (Address) 407 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: Jan 12 1933

20 UNDERTAKER: Wendell Hupp | ADDRESS: 300 N Colvin St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

M. D. B. 1268-B

E 86525

HEALTH DEPARTMENT—CITY OF BALTIMORE 86525

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 2-6-01 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret H. Mower

(a) Residence: No. 5512 Fourth St N.W. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene F.

6. DATE OF BIRTH (month, day, year) Oct. 4, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Frank F. Luming

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Janet Moran

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Eugene F. Mower
(Address) 5512 Fourth St N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Prince George Co. Md. Date Jan 11 1933

Fine date.

19. UNDERTAKER John F. Henry
(Address) 715 Eight St

20. FILED JAN 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ragging 19 .. to ..... 19.....

I last saw h... alive on ragging 19 .. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/10/33
Other contributory causes of importance: Automobile Accident	1/10/33

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/10 1933
Where did injury occur? Rte 1 & 40 nr. Aberdeen
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto in which she was riding struck tree.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Mahoney Coroner M. D.
(Address) 2206 E Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86526 E 86526

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Edmondson Ave. St., (Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine M. Lauer,

(a) Residence: No. 1001 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William G. Lauer,

6. DATE OF BIRTH (month, day, year) December 4. 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Devan,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm G Lauer
(Address) 1001 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date JAN 13 1933

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED JAN 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1932 to Jan 10 1933

I last saw h[illegible] alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lumbar adenolenitis	Jan 3
Cerebral Thrombosis, uremia	
Progressive Paralysis.	
Bed sore + Laceration	

Other contributory causes of importance:

Edema	10 days
Pulmonary edema.	- ?

Name of operation ..... Date of .....

What test confirmed diagnosis? M. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John T. Kenna M. D.

(Address) 804 Cathedral St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86527

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 115-001 Registered No.

CITY OF BALTIMORE: (No. North Broadway St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth?..yrs..mos..ds.

2. FULL NAME Annie Louise Graham

(a) Residence: No. Church Home & Infirmary St., N. Broadway. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
35	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse (Student) 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital {Church Home & Infirmary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John S. Graham

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary McLean

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Sister - Miss Janet Graham.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 12 1933

19. UNDERTAKER F. S. Ehlen
(Address) 1944 W. Baltimore

Huntington Wallingford, N.Y.

20. FILED JAN 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1933 to Jan. 10 1933

I last saw h.er alive on Jan. 10 1933 Death is said to have occurred on the date stated above, at 9:42 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Follicular Tonsillitis Streptococcal	Jan. 5. 1933
Myocardial Insufficiency	Jan 9, 1933
Pulmonary Oedema	Jan. 9. 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Webber Young M. D.
(Address) Church Home & Infirmary Baltimore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86528

CERTIFICATE OF DEATH

172-002

E 86528

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-0 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Powell

(a) Residence: No. 1214 Smithson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 11, 1933

19. UNDERTAKER [illegible] Huntingdon Williams, M.D.

(Address)

20. FILED Jan 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Thomas M. D.
Coroner

(Address) 1300 N. Calhoun St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 11 1933 0055

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86529

CERTIFICATE OF DEATH

E 86529

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Asylum St. Ward)

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence Conzens

(a) Residence: No. ... St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bremen

FATHER

13. NAME Stephen Conzens

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/12, 19 33

19. UNDERTAKER Chas. H. Heald & Son
(Address) 118 W. Fayette Street

1-12, 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 19 33 to 1-10, 19 33

I last saw him alive on 1-10, 19 33 Death is said to have occurred on the date stated above, at 12:00 m. midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	7-1-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-10, 33 (Signed) Lewis F. Wood M. D.

(Address) Bay View Asylum

JAN 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86530

CERTIFICATE OF DEATH

X V 44

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Oliver St., 9-03 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Celia Kerns

(a) Residence: No. 115 E. Main St. Waynesboro. Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Kerns Sr.

6. DATE OF BIRTH (month, day, year) Aug. 9. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa.

FATHER

13. NAME Hiram K. Detrow

14. BIRTHPLACE (city or town) (State or country) Mt. Etna Md.

MOTHER

15. MAIDEN NAME Lelia Detrow

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Son Louis Kerns Jr.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Waynesboro Pa. Date Jan 14, 1933

19. UNDERTAKER Wm J Tickner & Sons

(Address) Waynesboro Pa.

JAN 11 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Jan. 11, 1933

I last saw her alive on Jan. 11, 1933 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis primary in the Right Ovary	
Lobar Pneumonia	
Other contributory causes of importance:	
Secondary Anemia	

Name of operation Cervical + Autopsy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury: ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kernisch M. D.

(Address) St. Joseph Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86531

CERTIFICATE OF DEATH

E 86531

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kennet Hotel (St.) 4-6 (Ward)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 67. 4. 20.

2. FULL NAME James Herman Levy

(a) Residence: No. Kennet Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 23 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Levy

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza B. Minifie

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Levy-Brother

(Address) Fidelity Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 13 1933

19. UNDERTAKER Howard Womelsdorf

(Address) Baltimore

20. FILED JAN 11 1933 Huntington Williams M.D. Registrar. B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to Jan 11, 1933

I last saw him alive on Jan 11, 1933. Death is said to have occurred on the date stated above, at 5.07 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1923
Aortic Dilatation	"
Other contributory causes of importance:	Jan 10/ 1933
Coronary Thrombosis	"
Acute Myocardial Degeneration	"
Pulmonary Edema	"

Name of operation ..... Date of .....

What test confirmed diagnosis? History & Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. B. Levin M. D.

(Address) 1800 N. Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86532 E 86532

CERTIFICATE OF DEATH. V 180

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2032 W North Ave (Ward) 15-24

2-FULL NAME Cecil B. Hewitt

(a) RESIDENCE NO. 2032 West North Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 Color or race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year): Dec 17 - 1912

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	-	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): U. P. of Md

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER: Cecil J. Hewitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Mattie B Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Ralph Bordley

(Address) 311 Old York Road

15 Filed ____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence adduced, and Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocation & Burns

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) ____ M. D.

Jan 11 1933 (Address) (Coroner) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Conflagration

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenhill Cem — Date of Burial: 1/13 1933

20 UNDERTAKER: Ludlum Cook — ADDRESS: 1217 St Paul

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 1 1933

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86533

E 86533

CERTIFICATE OF DEATH.

v 180

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2032 W North Ave St., 15 Ward)

2-FULL NAME Maude B. Hewitt

(a) RESIDENCE NO. 2032 West North St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecil T Hewitt

6 DATE OF BIRTH (month, day and year): April 1- 1887

7 AGE: Years 45 46; Months 9; Days 9; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co Md

(State or country)

PARENTS

10 NAME OF FATHER: Stephen G Bourn

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie E Bourn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Mrs Ralph Bowlby

(Address) 3111 Old York Road

15 Filed: Jan 11 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Jan 10th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Suffocation and Burns Accidental

(duration) ..... years ..... months ..... days.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

Jan 11th Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cem Date of Burial 1/13 1933

20 UNDERTAKER: Gudelsun Cook ADDRESS Hyattsville

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86534

CERTIFICATE OF DEATH

E 86534

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 W North Ave St., 15-81 Ward)

Registered No. 180

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clorinea J Bowen

(a) Residence: No. 2032 West North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Walter A. Bowen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie E. Bowen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ralph Bowen

(Address) 3111 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Date 1/13 ... 1933

19. UNDERTAKER William Cook

(Address) 1217 E Baltimore St

20. FILED JAN 11 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 ... 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on January 10 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suffocation & Burns

Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? 2032 W North Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Conflagration

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Clark M. D. Coroner

(Address) ...

AN 11 1933

Instructions: Before burial, removal or cremation, this certificate must be filed with the Registrar. Any attempt to bury, remove or cremate the body without a burial permit is a misdemeanor. Any undertaker who buries, removes or cremates a body without a burial permit is guilty of a misdemeanor. Any physician who refuses to sign a certificate of death when he has attended the deceased during his last illness, or who refuses to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86535

CERTIFICATE OF DEATH.

180 ✓ E 86535

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2032 W. Mt. Rd St. (Ward) 15-01

2-FULL NAME Evelyn C. Hewitt

(a) RESIDENCE NO. 2632 West North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6 DATE OF BIRTH (month, day, and year): May 6- 1916

7 AGE: Years 16 Months 5 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED:
(a) Trade; profession or particular kind of work: Student do
(b) General nature of industry, business, or establishment in which employed (or employer): School
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country): Md

PARENTS

10 NAME OF FATHER: Earl T. Hewitt

11 BIRTHPLACE OF FATHER (city or town): Howard Co
(State or country): Md

12 MAIDEN NAME OF MOTHER: Mattie R Bowen

13 BIRTHPLACE OF MOTHER (city or town): Maryland
(State or country)

14 Informant: Mrs Bessie Bradley
(Address): 314 Ed Ave Road

15 Filed: [illegible] Registrar

11 1933

CORONER'S CERTIFICATE OF [illegible]

16 DATE OF DEATH (month, day, and year): Jan 10th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence adduced by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocation + Burns

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leuk M. D.
(Coroner)

Jan 11 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Conflagration

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cem — Date of Burial 1/13 1933

20 UNDERTAKER: William Boots — ADDRESS 1217 St Paul

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86536

CERTIFICATE OF DEATH.

V180 E 86536

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2032 W North Ave St., 15-91 Ward)

2-FULL NAME Cecil J. Hewett

(a) RESIDENCE NO. 2032 West North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Maude B.

6 DATE OF BIRTH (month, day, and year): April 1876

7 AGE: Years 56 Months 9 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Dairy Man

(b) General nature of industry, business, or establishment in which employed (or employer): Fairlawn Co

(c) Name of employer: Dairy

9 BIRTHPLACE (city or town)

(State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Alexander C Hewett

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Webb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs Ralph Bordley

(Address): 2111 Old York Rd

Filed Jan 11 1933 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or inquiry) thereon and from the evidence obtained by said inquest, and from my own inquiry or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocation & Burns Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H C Finck M. D. (Coroner)

Jan 11 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cem- Date of Burial 1/13 1933

20 UNDERTAKER: Lehman Coale ADDRESS 1217 St Paul

very important. See instructions on back of certificate. LAST STATEMENT OF OCCUPATION IS

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86537 E

CERTIFICATE OF DEATH

E 86537

V97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Edmondson St., 9th Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Hines

(a) Residence: No. 708 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Hines

6. DATE OF BIRTH (month, day, year) Nov 21 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Jenkins

14. BIRTHPLACE (city or town) (State or country) Columbia S.C.

MOTHER

15. MAIDEN NAME Amanda Gettier

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas. F. Hines

(Address) 708 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 12th 19 33

19. UNDERTAKER Wm Cook

(Address) 817 E. St Paul St

20. FILED JAN 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932 to Jan. 10, 1933

I last saw h[illegible] alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	? 1920
Other contributory causes of importance:	
Hypostatic pneumonia	1/7/33

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A. Kemp M. D.

(Address) 3630 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86538

CERTIFICATE OF DEATH

E 86538

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Poplar Grove St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Lupton

(a) Residence: No. 1639 Poplar Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If ~~married, widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Emma Lupton

6. DATE OF BIRTH (month, day, year) May 1st 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H. Lupton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary N. Haywood

16. BIRTHPLACE (city or town) (State or country) Queenstown Md

17. INFORMANT Samuel N. Lupton

(Address) 2935 Presbury St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 14th 1933

19. UNDERTAKER Wm Cook

(Address) 1615 Eutaw St

Lexington Wilkens, M.D.

Registrar.

N 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1932 to Jan 11 1933

I last saw him alive on Jan 11 1933. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to Arterio Sclerosis	
Chronic Nephritis with Uraemia	Dec 14
Pneumonia	
Bronchial Pneumonia	
with Myocardial Insufficiency	Jan 9 33
Other contributory causes of importance:	
Arteriosclerosis, Senile	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Wasilewski M. D.

(Address) 2202 Fenwood Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86539 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86539

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 E. Washington St. 2-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Reda

(a) Residence: No. 302 E Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Reda

6. DATE OF BIRTH (month, day, year) Feb 16 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Reda

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Reda
(Address) 302 E Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 13 1933

19. UNDERTAKER Fr. Ozarowski
(Address) 1930 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Duodenum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 1350 N Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86540

M. D. H. 1266-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86540

CERTIFICATE OF DEATH 1933-001 TN

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., H-61 Ward

Length of residence in city or town where death occurred ½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Evelyn Huff

(a) Residence: No. Aberdeen, Md St., ... Ward. Aberdeen, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 9 32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vernon Huff

14. BIRTHPLACE (city or town) (State or country) Harford County Md

MOTHER

15. MAIDEN NAME Beatrice Morris

16. BIRTHPLACE (city or town) (State or country) Harford County Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Md Date Jan. 14 1933

19. UNDERTAKER Henry Tarring & Sons
(Address) Aberdeen Md

20. FILED ..... 19 ..... Registrar.

N 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1933 to 1/12 1933

I last saw h.r alive on 1/12 1933 Death is said to have occurred on the date stated above, at 5-50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intubation of foreign body	2 days
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Tracheotomy Date of 1/11/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. H. Gardner M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86541

M. D. R. 1288-9

E 86541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maurice Horn Jr

(a) Residence: No. 2848 Harlem Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	2	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Maryland U.S.A.

FATHER

13. NAME Maurice K. Horn

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Helen Sawyer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Maurice K Horn
(Address) 2848 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 12 1933

19. UNDERTAKER Lee B. Cook
(Address) 1093 Baltimore St

RECEIVED ..... 19..... Registrar.

APR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1933 to January 11, 1933

I last saw him alive on January 11, 1933 Death is said to have occurred on the date stated above, at 2 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Spinal Meningitis	1-1-33
Type Undetermined.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Suzanne Sterling M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1950

86542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86542

CERTIFICATE OF DEATH

E

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH — 1165 W. Washington — Registered No. 107-001

CITY OF BALTIMORE: (No. 2012 Greenberry St. 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Nathaniel Brush

(a) Residence: No. 2012 Greenberry Rd St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Hartman

6. DATE OF BIRTH (month, day, year) April 23, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glenwood (State or country) New York

FATHER

13. NAME Nathaniel Howland Brush

14. BIRTHPLACE (city or town) NOT KNOWN (State or country)

MOTHER

15. MAIDEN NAME Myra T. Warren

16. BIRTHPLACE (city or town) Pittsfield (State or country) Mass.

17. INFORMANT Virginia H. B. Harris

(Address) 31 E. Mt. Vernon Place

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 12 1933

19. UNDERTAKER Harry W. Davis Son Co

(Address) 7th & Arch and Sts

20. FILED ... 19... Registrar.

JAN 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6. 1933 to Jan. 10 1933.

Must saw h[illegible] alive on Jan. 10 1933. Death is said to have occurred on the date stated above, at 9.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/6/33

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Gibson Porter M. D.

(Address) 4522 Roland Ave

M. D. H. 1200-a

E 86543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86543

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Vermont Ave St., Dayton Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Louis Sabine

(a) Residence: No. 4215 Vermont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rachel Sells Sabine

6. DATE OF BIRTH (month, day, year) Oct. 2 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. James P. E. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Fonters N.Y.

MOTHER FATHER

13. NAME Theodore K. Sabine

14. BIRTHPLACE (city or town) (State or country) Jacksonville See.

15. MAIDEN NAME Florence M. Gregg

16. BIRTHPLACE (city or town) (State or country) Norwich N.Y.

17. INFORMANT Mrs Rachel S. Sabine

(Address) 4215 Vermont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Aurora N.Y. Date Jan 13 1933

19. UNDERTAKER (Wm. H. Tyler Sons

(Address) North & Paca sts.

20. FILED JAN 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to Jan 11 1933.

I last saw him alive on Jan 11 1933. Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchio pneumonia	Jan 2

Other contributory causes of importance:

Asthma 6 years.
Chronic sinusitis

Name of operation Date of

What test confirmed diagnosis? Clinical & examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 137 W. Preston Street.

JAN 14 1933

M. D. B. 1268-9

E 86544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86544

CERTIFICATE OF DEATH

V36

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 106 W. Barney St. 23rd Ward)

Length of residence in city or town where death occurred 14 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard William Schafer

(a) Residence: No. 126 W. Barney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leonard Schafer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Boswell

16. BIRTHPLACE (city or town) (State or country) Carroll County

17. INFORMANT Mrs. Mary Schafer

(Address) 126 W. Barney

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 12, 1933

19. UNDERTAKER Wm. J. Fischer & Son

(Address) Gilmor & Pulaski

20. FILED JAN 12 1933 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Jan. 9 1933

I last saw h. W. alive on Jan 9 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Abscess	July 1932

Other contributory causes of importance:

Syphilis	over

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Kaufman, M. D.

(Address) 1340 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 12 1933

M. D. F 86545

E 86545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Rosedale St. St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Biemiller

(a) Residence: No. 1700 Rosedale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M. Biemiller

6. DATE OF BIRTH (month, day, year) Sept. 24, 1841

7. AGE	Years	Months	Days 16	If LESS than 1 day, ... hrs. or ..... min.
	91	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milling Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burgsin Germany

FATHER

13. NAME John H. Biemiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Charles F. Biemiller

(Address) 3601 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 12, 33

19. UNDERTAKER Wm. Op Tuckner & Son

(Address) North & Pa Ave.

20. FILED ..... 19 ..... Registrar.

JAN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Jan 10 1933

I last saw h.. alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Parenchymatous Nephritis	June 1/32
Acute dilitation Heart Duration about 6 wks	
Oedema of Lungs. Tobacco 3 yrs	
Other contributory causes of importance:	
Myocarditis -	June 1/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external ~~causes (violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter D Hebbett M. D.

(Address) 222 Harlem Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86546

HEALTH DEPARTMENT—CITY OF BALTIMORE B 86546

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel Barney

(a) Residence: No. 906 Broad St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Isaac Barney

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Rachael Rollins

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Viola Howard

(Address) 806 S Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemty Date 1/12, 1933

19. UNDERTAKER Walter B. Sluss

(Address) 1301 Hamilton St.

Interment in Woodlawn, N.Y.

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Berger M.D. M. D.

Coroner

(Address) 1305 E Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86547

86547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH,

CITY OF BALTIMORE: (No. 141 N. Pat. Pk. Av. St. 6-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia R. Engelbach

(a) Residence: No. 141 N. Pat. Pk Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Harry V. Engelbach

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie N. Jubb

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry V. Engelbach

(Address) 141 N. Pat. Pk Av

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1/13/33

19. UNDERTAKER Philip Herring

(Address) 2016 Orleans St.

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Jan 10 1933

I last saw h[illegible] alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4 days
Other contributory causes of importance:	
Bronchopneumonia	5 days

Name of operation ——— Date of ———

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86548

M. D. B. 1268-0

E 86548

26756 133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 18-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME John Racusin

(a) Residence: No. 861 Hallins St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-10-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Schmaehne Racusin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah Mandelslam

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Cem Date 1-12-33 19

19. UNDERTAKER Jack Louis Inc
(Address) 1739 E. Balto St

20. FILED JAN 12 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Jan 11, 1933

I last saw him alive on Jan 11, 1933 Death is said to have occurred on the date stated above, at 10^05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis Left	2 mo.
Hydronephrosis Rt	1 mo.

Other contributory causes of importance:

Myocardial insufficiency

Nephrostomy Date of 12-21

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hunter McGuire M. D.

(Address) Johns Hopkins Hospital

IMPORTANT—Physicians are requested to fill in carefully and completely ALL items on this certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86549 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86549

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hosp. 107-001 Registered No.

CITY OF BALTIMORE: (No.) St. 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Josephine Corsa

(a) Residence: No. 1632 Bellewood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/12/30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frank V Corsa.

14. BIRTHPLACE (city or town) Readville (State or country) Virginia

MOTHER

15. MAIDEN NAME Flavia Headley

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs Lillie Cole (Address) 2900 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lexington Va. Date 1/12/33. 19...

19. UNDERTAKER Lowe & Taber & Jones (Address) 1317 Eutaw Street

Huntington, Indiana, Mar 1933 Registrar.

JAN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932 to Jan 11, 1933

I last saw h.c.r. alive on Jan. 11, 1933 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/20/32
Acute dilatation of the heart	1/11/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Hommel M. D.

(Address) St Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

Julius Mexalski ✓

86550 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86550

94-001

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E. Bond St., 3-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius Mexalski

(a) Residence: No. 304 E. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B. Mexalski

6. DATE OF BIRTH (month, day, year) No. 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45 *	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Eastan Mexalski

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME No.

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT B. Mexalski
(Address) 304 E Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Ind. Date Janv. 13, 19 33

19. UNDERTAKER John Grebliauckas L.G.
(Address) 1222 Baca St.

20. FILED JAN 12 1933 Huntington Williams, M.D. 1/10/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Janv. 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to Janv. 10, 1933
I last saw him alive on June 8, 1933 death is said to have occurred on the date stated above, at 11 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Andrew Tamosonis M. D.

(Address) 2579 Eastern Ave

SAME CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86551 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86551

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY DORSEY

(a) Residence: No. 206 E. 23rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME JOSEPH DORSEY 206 23rd ST

14. BIRTHPLACE (city or town) ..... (State or country) MARYLAND

MOTHER

15. MAIDEN NAME BERNICE SLOCUM 250 23rd ST

16. BIRTHPLACE (city or town) ..... (State or country) MARYLD

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hop Med Colley Date Jan 12, 1933

19. UNDERTAKER .....
(Address)

20. FILED ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 ..... 19 33, to Jan 7 ..... 19 33
I last saw him alive on Jan 7 ..... 19 33 Death is said to have occurred on the date stated above, at 6-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/6/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Rep. D. Dack, M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86552 ~~86569~~ 286569

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86552

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13-01 St., or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Ralph Sapp

(a) Residence: No. Florence Crittenden Home St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-2-31

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	15 3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Jan 12, 1933

19. UNDERTAKER
(Address)

20. FILED ....., 19.... Registrar.

1933 0062

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 5, 1933

I last saw him alive on Jan 5, 1933. Death is said to have occurred on the date stated above, at 9 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicemia	1-5-33
Acidosis, Dehydration	1-3-33

Other contributory causes of importance:

Upper Respiratory Infection	12-29-32
Otitis Media	12-29-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Edw. J. Mclean, M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 86553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86553

CERTIFICATE OF DEATH

159

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Addison

(a) Residence: No. 588 Pressman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/4/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) University Hosp.
(State or country) Balto. Md.

FATHER

13. NAME Augustus Addison

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Winifred Turner

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Winifred Addison.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel, Md. Date Jan. 12, 1933

19. UNDERTAKER
(Address)

20. FILED JAN 12 1933, 19... Registrar.

N 12 1933

0058

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/33 19

22. I HEREBY CERTIFY, That I attended deceased from 1/4/33, 19..., to 1/10/33, 19...

I last saw him alive on 1/9/33, 19... death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) John C. Chandler M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E M 86554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86554

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital-al St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adair Coutts

(a) Residence: No. 1005 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1872

7. AGE Years about 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Provident Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 12, 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 33 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 12

E 86555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86555

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charlotte Wagner

(a) Residence: No. 3714 Mr Pleasant Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 21, 1927

7. AGE: Years 5 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Eyssa Wagner

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah Lackey

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Sarah Wagner

(Address) 2227 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Jan 14, 1933

19. UNDERTAKER: H. Sander Sons Inc

(Address) 1121 East Fe

20. FILED JAN 12 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Jan 12, 1933

I last saw h e l alive on Jan 12, 1933 Death is said to have occurred on the date stated above, at 3.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - L	1-10-33
Bronchial fistula - right.	1-?-32
Chronic Empyema - right.	1-?-32

Other contributory causes of importance:

Name of operation Extra Pleural Thoracoplasty Date of 1-3-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Dwight M. D.

(Address) Univ Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86556

CERTIFICATE OF DEATH

E 86556

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Race St. Ward 23-01)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret E. Rundle

(a) Residence: No. 1511 Race St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles W. Rundle

6. DATE OF BIRTH (month, day, year): Sept. 1- 1847

7. AGE: Years 85 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Joseph Shafer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charles W. Rundle

(Address) 1511 Race St.

18. BURIAL, CREMATION, OR REMOVAL.

Place: Holy Cross Cem. Date: Jan. 12- 1933

19. UNDERTAKER: Margaret E. Flynn

(Address) 1452 Light St.

20. FILED: JAN 12 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-10-33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28-32 , 19 , to 1-10-33 , 19

Last saw her alive on 1-10-33 , 19 Death is said to have occurred on the date stated above, at 3.15 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	3 Yrs
Other contributory causes of importance: Cardiac Dilitation	4 Da

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno L Fetherolf , M. D.

(Address) 3400 Walbrook Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 86557 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86557

2865 57 108

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman Bruns

(a) Residence: No. 1925 Perlman Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/24/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Bruns

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Florence Lacey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dal Lawn Cem Date Jan 14th 1933

19. UNDERTAKER Geo M Smith & Son
(Address) 811 N Gilmor St

20. FILED Jan 12 1933 Wm. Williams Registrar
B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933 to Jan 11, 1933

I last saw him alive on Jan 11, 1933 Death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	9 days
Diarrheal Enteritis	2 days

Other contributory causes of importance:

Otitis Media	7 days

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Allan Roos, M. D.

(Address) J. H. H.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

N 12 1933

M. D. B. 1268-0

86538 8 2689 Mt

HEALTH DEPARTMENT—CITY OF BALTIMORE

V

X 131

E 86558

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Ghelios

(a) Residence: No. 244 S High St., Ward. Steubenville Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of V -

6. DATE OF BIRTH (month, day, year) 5-13-16

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	16	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Andrew Ghelios

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Lena Cook

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Steubenville Ohio Date Jan 17, 1933

19. UNDERTAKER Jim Tucker & Son

(Address) Lee La Fore

Huntington Williams, W. Va. Registrar.

JAN 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Jan 12 1933

I last saw him alive on Jan 12, 1933 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Haemorrhagic Nephritis	
Uraemia	
Other contributory causes of importance:	
Lobular Pneumonia.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86559

CERTIFICATE OF DEATH.

93-004 E 86559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1138 W. Hamburg ST. 21-W WARD)

2-FULL NAME Thomas Edward Keeney

(a) RESIDENCE NO. 1138 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~: Rebecca J. Keeney

6 DATE OF BIRTH (month, day, and year): 1871.

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

(c) Name of employer: Hynson Peet

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Ezra

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Rebecca Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Rebecca J. Keeney 1138 W. Hamburg St.

15 Filed 12-1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/11 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933 to Jan. 11, 1933

that I last saw h[illegible] alive on Jan. 11, 1933,

and that death occurred, on the date stated above, at 6.15 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1/13 1933

20 UNDERTAKER: Edward London

ADDRESS: Wash Blvd

M. D. R. 1268-9

E 86560 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 86560

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2604 Ken Mak Ave (St.) 27-6 (Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 48 10 7

2. FULL NAME Harold Stockton Custer

(a) Residence: No. 2604 Ken Mak St., Ward. 27
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Beth M. Custer

6. DATE OF BIRTH (month, day, year): March 4 1884

7. AGE: Years 48 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Representative
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Union Trust Co.
10. Date deceased last worked at this occupation (month and year): Jan 10 1933
11. Total time (years) spent in this occupation: 4 Mos

12. BIRTHPLACE (city or town) (State or country): Oakland California

FATHER

13. NAME: William A Custer
14. BIRTHPLACE (city or town) (State or country): Altoona Penna

MOTHER

15. MAIDEN NAME: Anna M. Stockton
16. BIRTHPLACE (city or town) (State or country): Phila Penna

17. INFORMANT: Mrs B. M. Custer (wife)
(Address) 2604 Kenmak Ave

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Ft Lincoln Md Date Jan 13 1933

19. UNDERTAKER: Edwards & Moran Co
(Address) 1 E 25th St New York City

20. FILED JAN 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1930 to Jan 11 1933

I last saw him alive on Jan 11 1933. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	Nov 1930
Cardiac arrest	Jan 10 1933

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. T. Wentz M. D.

(Address) 2631 Manhattan Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

E 86561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86561

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH Church Home & Infirmary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. North Broadway St. 11-01 Ward)

Length of residence in city or town where death occurred Indefinite yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wright, Miss Eleanor

(a) Residence: No. 1209 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of July 21 1868

PT REFUSED TO GIVE DATE OF BIRTH

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64 +	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Augusta, GA.
(State or country) Georgia

FATHER

13. NAME Thomas Wright

14. BIRTHPLACE (city or town) Cincinatti, Ohio
(State or country)

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) Augusta, GA.
(State or country)

17. INFORMANT Miss Frances Wright
(Address) 1209 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 14 1933

19. UNDERTAKER Steward & Brown Co
(Address) 101 W Chase St

20. FILED 1 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932 to JAN 12 1933

I last saw h.e alive on JAN 12 1933 Death is said to have occurred on the date stated above, at 12:47 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Intramammal	unknown
Other contributory causes of importance:	
Pneumonia	Jan 11 1933

Name of operation Exploratio & Ladorotomy Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard C Cumming M. D.

(Address) The Church Home and Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86562

CERTIFICATE OF DEATH

131 E 86562

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 401 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie V. B. Duffy

(a) Residence: No. 115 N. Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jno Duffy

6. DATE OF BIRTH (month, day, year) Feb 20 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher H. Eisenhart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanor Hoffman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Minnie Coombs

(Address) Richard & Eleanor Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 14, 1933

19. UNDERTAKER F. Vernon Keehner

(Address) 533 N. Howard St

20. FILED 1-12-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Hargrove M.D. Coroner

(Address) 1305 N Pulaski St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86563

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Broadway St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME M. Elizabeth Magenheimer

(a) Residence: No. 700 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0??

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (yenrs) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME Unhnown

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Mrs. Margaret Taylor
(Address) 700 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Cascade Md. Date Jan. 13 1933

19. UNDERTAKER Wm C. Black
(Address) 927 N. Broadway

20. FILED 1-21933 Pennington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/2/32 19 ..... to 1/12/33 19 .....

I last saw her alive on 1/11/33 19 ..... Death is said to have occurred on the date stated above, at 5a .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	

Other contributory causes of importance:

Jaundice & coma	

Name of operation no Date of .....

What test confirmed diagnosis? ! Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Alfred Bagel M. D.

(Address) 1919 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86564 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86564

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard A. Klein

(a) Residence: No. Fullerton, Md, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Klein

6. DATE OF BIRTH (month, day, year) Feb 9.1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. (or ..... min.
29	28	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McMahon Bus Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George A. Klein

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Brickmeyer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna Klein
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 1/16 19 33

19. UNDERTAKER Fendt Funeral Home
(Address) 744 Fulton St Huntington Williams, Reg

20. FILED 1/2 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at Baltimore.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	Jan 11/33

Other contributory causes of importance:

None at autopsy shown	

Name of operation Trephine Date of Jan 12

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. S. Hagen Coroner. M. D.

(Address) 5056 Ivan

A&Co. 5-31 250M

E 86565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86565

CERTIFICATE OF DEATH

34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospital St., ... Ward.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Jeanne Holman

(a) Residence: No. 2033 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2nd 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 mo	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Holman
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Evelyn Goldenhower
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Holman
(Address) 2033 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Penn Millersville Md Date 1/14 1933

19. UNDERTAKER Wm Lovell
(Address) 1217 E Fayette St

20. FILED JAN 12 1933 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 11, 1933
I last saw h.. alive on Jan 11, 1933 death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....
Where did Injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86566

CERTIFICATE OF DEATH

79-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 15-01 St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Duffy

(a) Residence: No. 1702 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 21, 1930

7. AGE: Years 2 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X | 11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James J Duffy

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Catherine O'Dea

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: James J Duffy
(Address): 1702 Thames St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: Jan 14th 1933

19. UNDERTAKER: Wm Cook
(Address): 1217 E Paul St

Filed: JAN 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/12/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/7/33, 19 to 1/12/33, 19

I last saw h[illegible] alive on 1/12, 19 33. Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis Type IV — Date of onset 1/7/33

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. R. Cohen, M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86567

CERTIFICATE OF DEATH

E 86567

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Bolton St 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Nelson

(a) Residence: No. 1626 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A. Nelson

6. DATE OF BIRTH (month, day, year) Feb 8 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harmont Md

MOTHER FATHER

13. NAME John Henry Revelle

14. BIRTHPLACE (city or town) (State or country) Harmont Md

15. MAIDEN NAME Sarah Jane Ford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George H. Schmidt

(Address) 1626 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Md. Date Jan 13 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 12 1933 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 28 1932 to Jan 12 1933

I last saw h[illegible] alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 1.06 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio - Sclerosis	1927

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N G Jones M. D.

(Address) 720 N Monroe Ave

M. D. R. 1933

86568

V E 86568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 1[illegible] St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Mae Berry

(a) Residence: No. 2609 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/22/14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Father's home

10. Date deceased last worked at this occupation (month and year) 12/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Run Penn

FATHER

13. NAME Clarence E. Berry

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mable Moosberg

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) Md. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Straub Date Jan 12 1933

19. UNDERTAKER Ad Funeral Home

(Address) 1126 W. Fayette St.

20. FILED [illegible] Registrar.

JAN 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 — 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/1 — 1933 to 1/11 1933

I last saw her alive on 1/11 1933. Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incomplete Abortion	12/28
Sepsis Dr. F. B. Lamb Coroner	
Other contributory causes of importance:	
Hemorrhage	12/30
Pelvic Peritonitis	1/3

Name of operation Uterine Curettment Date of 1/3

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. General Hospital

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86569

E 86569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4415 Old York Road St. 3rd Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John A. Schaffer

(a) Residence: No. 4415 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Schaffer

6. DATE OF BIRTH (month, day, year) May 27 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Gabriel Schaffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs Catherine A. Schaffer
(Address) 4415 Old York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 16 19 33

19. UNDERTAKER Harry Hoech Sons, Inc
(Address) 130 E. Lexington St.

20. FILED Jan 17 19 33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to January 12, 1933

I last saw h[illegible] alive on January 12, 1933. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/12/33

Other contributory causes of importance:

Hypertrophy
C. V. Nephritis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Edward Hamper M. D.

(Address) 4708 York Road.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1268-9

86570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 86570

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 752 Linnard St. 16-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Gloria Martone

(a) Residence: No. 752 Linnard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentino 890-1903

6. DATE OF BIRTH (month, day, year)

7. AGE Years 42 | Months | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Down Town (State or country) Conn

MOTHER
13. NAME Rose Hitchcock
14. BIRTHPLACE (city or town) (State or country) Vt

FATHER
15. MAIDEN NAME Jennie Saville
16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Valentino Martone (Address) 752 Linnard

18. BURIAL, CREMATION, REMOVAL Date Jan 13, 1933
Place Forkunplus Stewart & Worden Co

19. UNDERTAKER (Address) 108 W Franklin

20. FILED JAN 13 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said

I last saw h alive on 19 m.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Suicide — Inhalation of Gas — Ludlow

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Funk Coroner, M. D.

(Address)

Spec.—2-29-28—L. F. S.—500 Blks.

E 86571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86571

159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Meade ST. 25-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Clark

(a) RESIDENCE NO. 521 Meade ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	

5a If married, widowed, or divorced WIFE of (or) HUSBAND of —

6 DATE OF BIRTH (month, day, and year) Jan. 12/33

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick A. Clark

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Frank Stratton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Frederick A. Clark

(Address) 521 Meade Ave

15 Filed ..., 19 ... Registrar Huntington Williams, M.D.

JAN 13 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1933, to Jan 12 1933, that I last saw h[illegible] alive on Jan 12 1933, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ... Date of ... Yes

Was there an autopsy? ...

What test confirmed diagnosis? Certain of cause

(Signed) Walter A. Anderson, M. D.

, 19 (Address) 3001 Brannon Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL Jan 13 1933

UNDERTAKER Mrs. E. Miller & Son

ADDRESS 2624 Jefferson St

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86572 — 91 — E 86572

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Bethel ST., 8th WARD)

2-FULL NAME Jamad Sturquel

(a) RESIDENCE No. 1712 N. Bethel ST., 8th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Sturquel

6 DATE OF BIRTH (month, day, and year) March 8 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meter worker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md.

PARENTS

10 NAME OF FATHER John Sturquel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eliza Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. L. Whittemore (Address) 1712 N. Bethel St

15 Filed JAN 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30 - 1932, to Jan. 12 - 1933, that I last saw h[illegible] alive on Jan. 6 - 1933, and that death occurred, on the date stated above, at 4 - 0 m.

The CAUSE OF DEATH* was as follows:

Arterial - sclerosis

not Hemorragic

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin H. Franby, M. D.

1/12/1933 (Address) 2512 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Jan 14 1933

20 UNDERTAKER Fortune & Roe ADDRESS 2240 Charles St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86573

E 86573

CERTIFICATE OF DEATH

92-001

Registered No. 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Parrish, st St. 19-01 Ward)

Length of residence in city or town where death occurred All life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Issac McHenry Warfield

(a) Residence: No. 411 N. Parrish st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margurite Warfield

6. DATE OF BIRTH (month, day, year) Oct. 6th. 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Neil Warfield

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Alice Corsey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margurite Warfield
(Address) 411 N. Parrish st.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Jan. 13, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder st

20. FILED JAN 13 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3rd, 1932 to Jan. , 19

I last saw h im alive on Dec 8th 1933 death is said to have occurred on the date stated above, at 6. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1-1-
	10 da
Other contributory causes of importance:	
Mitral ins.	?

Name of operation Physical Exam. Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 86574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86574

CERTIFICATE OF DEATH. 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 W. Mulberry ST. 18-01 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvaughn Mariano

(a) RESIDENCE NO. 1039 W. Mulberry St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): June 26, 1932

7 AGE — Years: | Months: 6 | Days: 10 15 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: /

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: /

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Leon Mariano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastman Ga

12 MAIDEN NAME OF MOTHER: Matilda Mariano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastman Ga

14 Informant: Matilda Mariano
(Address): 1039 W Mulberry St

15 Filed JAN 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-11-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 11, 1933, that I last saw her alive on Jan 10, 1933, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ... yrs. ... mos 18 ds.

CONTRIBUTORY (Secondary): Rachitis

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sat.

(Signed) H. Maceo Williams M. D.

1-12-1933 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Jan. 13, 1933

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 Schroeder St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86575 E 86575

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 501 Ward)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin Mullaney

(a) Residence: No. 109 Ainsworth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sat 0°

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT City Hospitals
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date 1/14 1933

19. UNDERTAKER J. A. O'Meara
(Address) 300 E Baltimore St

FILED JAN 13 1933 Huntington Pittsburgh, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86576

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Monastery Ave St., 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Edward Hedrick

(a) Residence: No. 120 Monastery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Fred K. Hedrick

6. DATE OF BIRTH (month, day, year) Nov. 6 1863

7. AGE. Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Emmy
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irvin K. Hedrick
(Address) 120 Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 1/14/33

19. UNDERTAKER J. E. Bryant
(Address) 300 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Jan 11 1933

I last saw h~~e~~r alive on Jan 11 1933 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovaries (colloid)	about 2 yrs
Other contributory causes of importance:	
Bronchio-pneumonia	3 days

Name of operation Exploratory Date of Jan 1931

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) J. T. Kyper M. D.

(Address) 3331 Fredk Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 8657 268-353

HEALTH DEPARTMENT—CITY OF BALTIMORE E86577

V 106-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Louis Amanose

(a) Residence: No. 2708 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Helen E. Amanose

6. DATE OF BIRTH (month, day, year) April 2nd 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. produce handler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Raphael Amanose

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rizzi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Richard Record Amanose
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Cemetery Date 1/14/33 19

19. UNDERTAKER J. B. Weishuth
(Address) 320 Eutaw Place

20. FILED JAN 13 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 , 1932 to Jan 11 , 1933

I last saw him alive on Jan 11 , 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
myocardial insufficiency	

Other contributory causes of importance:

Chronic bronchitis	
emphysema	

Name of operation — Date of —

What test confirmed diagnosis? B. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Horton M. Hardy M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 86578 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86578

131

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Garrison Ave St. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Henry Hess.

(a) RESIDENCE NO. 3724 Garrison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 7 mos. ds. How long in U. S., if foreign birth? 58 yrs. – mos. – ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of Kazoline Hess, 1854 June 27, 1856 ~~Sept 8 1854~~

6 DATE OF BIRTH (month, day, and year) ~~Sept 8 1854~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	29	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock clerk (retired)

(b) General nature of industry, business, or establishment in which employed (or employer): – 009

(c) Name of employer –

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant Geo. L. Wareheim

(Address) [illegible]

15 Filed ..., 19... Huntington Williams, Registrar

131 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Jany 11, 1933;

that I last saw him alive on January 10, 1933.

and that death occurred, on the date stated above, at 6.05 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) – yrs. 6 mos. – ds.

CONTRIBUTORY (Secondary) Nephritis Chronic –

(duration) – yrs. – mos. – ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No. Date of –

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

1/11, 1933 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 1/13/33

UNDERTAKER: F. M. Ruxton with W. Frederick St

ADDRESS

M. D. B. 1268-9

86579

HEALTH DEPARTMENT—CITY OF BALTIMORE 86579

CERTIFICATE OF DEATH

✓ 47

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 717 S Dean st St. 26-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J Russ

(a) Residence: No. 717 S Dean St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Russ

6. DATE OF BIRTH (month, day, year) Dec 18 th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer Brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery 08

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Russ

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Barbara Russ

(Address) 717 S Dean st

18. BURIAL, CREMATION, OR REMOVAL

Place Ist Bell Ev Cem Date Jan 13 1933

19. UNDERTAKER J Bu Ulrich & Son Williams Ch

(Address) .....

20. FILED JAN 13 1933 [illegible] Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932 to Jan 9 1933

I last saw h.. alive on Dec 13 1932 Death is said to have occurred on the date stated above, at 2 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma larynx	June 1932
Other contributory causes of importance:	

Name of operation None except Tr Tracheo Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward A Mayer M. D.

(Address) 12 W. Eager St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 86580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86580

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Reservoir St. 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Simon Frahn

(a) Residence: No. 802 Reservoir St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Levi Southern Cem. Date 1-13-33 19..

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

FILED JAN 16 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-13 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jodicular Disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank Hommel M. D.
Coroner

(Address) 3632 Roland Ave

M. D. B. 1268-9

E 86581

86581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 48 v

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Church Hospital St., East Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada B Fuss

(a) Residence: No. 515 E St., Sparrows Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Chas. Fuss

6. DATE OF BIRTH (month, day, year) Nov 1, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50 yrs	2 mos	11 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Joseph Sterrett

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Charles N Fuss

(Address) 515 E St Sparrow Point Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date Jan 14, 1933

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED JAN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Jan 12, 1933

I last saw her alive on Jan 12, 1933 Death is said to have occurred on the date stated above, at 5 21 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystopyelitis (bilateral)	12/5/32
Uremia	12/30/32
carcinoma of cervix with infiltration of bladder	?

Other contributory causes of importance:

Myocardial disease (chronic)	
Post partum adhesions (Ut. uterus)	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Webber Young M. D.

(Address) Church Hospital + Infirmary

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 86582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86582

CERTIFICATE OF DEATH

V 50

Registered No. 125-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3130 Wilkens Ave St. 25 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth O Buckley

(a) Residence: No. 3130 Wilkens Ave St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel J. Buckley.

6. DATE OF BIRTH (month, day, year) Oct 14th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Addison

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr Daniel J Buckley
(Address) 3130 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/14/1933

19. UNDERTAKER John F Cowan & Son
(Address) 1301 Wilkens Ave

20. FILED 1/13/1933 Clinton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1933 to Jan 11, 1933

I last saw her alive on Jan 10 1933 death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/31/32
Hypertension	1/8/33
Cerebral Hemorrhage	

Other contributory causes of importance:

Peptic ulcer	8/14/27
Empyema	

Name of operation Resection of Breast Date of 8/16/27

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James A Lenehan M. D.

(Address) 721 Mulberry St

1/12/33

6583 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86583

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 117 So. Monastery Ave 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maurice Mc Sulliffe

(a) Residence: No. # 117 So. Monastery Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of the late Margaret Mc Sulliffe

6. DATE OF BIRTH (month, day, year) Dec 4th 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Mc Sulliffe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susie Evans

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Susie Youse

(Address) # 117 So. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 1/14/ 1933

19. UNDERTAKER John J Cadau & Son.

(Address) 901 Hollins St

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932 to Jan 11 1933

I last saw him alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 1:32 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
a Hemiplegia	12/24/32
Pulmonary Edema	1/9/33

Other contributory causes of importance:

Arteriosclerosis
Chronic Nephritis
Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical & Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any ~~way related~~ to occupation of deceased? No If so, specify ...

(Signed) James J Fitzpatrick M. D.

(Address) 721 Madison Ave

86584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86584

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine M. Ales

(a) Residence: No. 5702 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frank Ales

6. DATE OF BIRTH (month, day, year) ? ? 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Kotalik

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Kutchera

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Ales
(Address) 5702 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 14/33

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from held an inquiry and ... 19...
I last saw him alive on June 23rd 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Chronic Myocardial Disease	

Other contributory causes of importance:

Cortical Insufficiency	
Hypertension	

Name of operation None Date of ...

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Guy M. Cromwell M. D.
Coroner

1/12/33 (Address) 203 Patapsco Ave Baltimore Md

E 86585

E 86585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 W. 27th. St. St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph McCrosson.

(a) Residence: No. 19 W. 27th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13th, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James P. McCrosson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary T. Seybold

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary T. McCrosson
(Address) 19 W. 27th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date Jan. 14th, 33

19. UNDERTAKER Chas. F. Grauel & Son
(Address) 1 W. Mt. Royal Ave

20. FILED JAN 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1932 to Jan 11 1933

I last saw h[illegible] alive on Jan 10 1933. Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis 1 year.	1932
Exhaustion No Meds	1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas F Chantier M. D.

(Address) 3013 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 86586 ✓ E 86586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Bal 1186-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. Clifton WARD)

2-FULL NAME Guy Parker

(a) RESIDENCE NO 3808 Penhurst Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Clifton

6 DATE OF BIRTH (month, day, and year) June 27, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — City Passenger Agent
(b) General nature of industry, business, or establishment in which employed (or employer) — B&O RR Co
(c) Name of employer — Balto City

073

9 BIRTHPLACE (city or town) (State or country) — Ann Clifton

PARENTS

10 NAME OF FATHER James Clifton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Ann Clifton

(Address) 3808 Penhurst Ave

Filed JAN 13 1933 192 Huntington W. Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull, both arms & legs & crushed body

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall from Auto (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto. Hotel

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inquiry

(Signed) James M Taylor, M. D. Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Woodlawn — DATE OF BURIAL Jan 17 1933

UNDERTAKER Lough Bros Woodlawn Balto — ADDRESS

NOTE—Very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 86587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86587

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1008 Low ST., 5-01 (WARD)

2-FULL NAME Emma Jennings

(a) RESIDENCE NO 1008 Low ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64 69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Beverly Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Charles Camper

(Address) 1129 Mary St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) James M Fenton, M. D. Coroner

1/11, 1933 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cemetery

DATE OF BURIAL Jan 13 1933

ADDRESS 1681 orleans st

20 UNDERTAKER Edw. Bryan

IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86588

CERTIFICATE OF DEATH

93-001 E 86588

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 S. Clinton St. St. 26 Ward)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Hammelman.

(a) Residence: No. 2117 S. Clinton St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Hammelman.

6. DATE OF BIRTH (month, day, year) May 18 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Man.

10. Date deceased last worked at this occupation (month and year) About 15 yrs ago. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sebastian Hammelman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Hammelman (Wife)
(Address) 2117 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Jan. 14. 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED JAN 13 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. J. Hergenrother M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

M. D. B. 1368-0

86589

HEALTH DEPARTMENT—CITY OF BALTIMORE

86589

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 Foster Ave. St., 101 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunigunda Buettner.

(a) Residence: No. 2536 Foster Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Buettner.

6. DATE OF BIRTH (month, day, year) July 2 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5 6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT August Buettner (Son)
(Address) 2536 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Jan. 14. 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 19 Hunting [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932, to Jan 10 19

I last saw h alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 6 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unk
Myocarditis.	unk

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank D. Zeruzzi M. D.

(Address) 243 Franklin

M. D. R. 1268-6

E 86590

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 86590

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Girard Ave St., 12-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David F. Painter

(a) Residence: No. 2000 Girard Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Painter

6. DATE OF BIRTH (month, day, year) Feb 18, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Ds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Painter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Frank

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT LeRoy Painter

(Address) 2000 Girard Ave.

18. BURIAL, CREMATION, OR REMOVAL Co.

Brooklyneville, Carroll Date Jan 15, 1933

19. UNDERTAKER Rhinowitz & Son

(Address) 34, 5-17 Christmas Ave

20. FILED ..... 19.. Registrar

JAN 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1932 to Jan 12 1933

I last saw h alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 1932

Other contributory causes of importance:

Arterio-sclerosis, hyper-tension and Chronic nephritis	3 yrs.

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9

E 86591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86591

CERTIFICATE OF DEATH

186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Favadil

(a) Residence: No. 720 N Linwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anda

6. DATE OF BIRTH (month, day, year) May 6 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Favadil

(Address) 720 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date Jan 16, 1933

19. UNDERTAKER August Passek

(Address) 1406 Eastland Ave

Jan 13 1933

(Signature) ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Accidental Fracture of Left Femur	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12/2, 1932

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) B Pasternack M. D.
Coroner

(Address) 1305 N Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86592

CERTIFICATE OF DEATH

✓ 186 E 86592

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mon. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry Wehner

(a) Residence: No. 2514 E. Fairmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wehner

6. DATE OF BIRTH (month, day, year) March 5/1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Ignatius Wehner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Fink

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George C. Wehner

(Address) 2514 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 14. 1933

19. UNDERTAKER J. Stanton Lee Jr. Funeral Home

(Address) 1806 E. Monument St. Huntington Williams, Reg.

20. FILED JAN 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	1/11/33
Fracture base of skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/11/33 19....

Where did injury occur? 2514 E. Fairmount Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury fell down cellar steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Mason M. D.
Coroner

(Address) 708 E. Monument

Spec.—9-30—A. & Cn.—250 Bks

86593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86593

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Euclid Ave ST. 30 WARD)

2-FULL NAME Matilda G. Ridgely

(a) RESIDENCE NO. 4211 Euclid Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. N. Ridgely

6 DATE OF BIRTH (month, day, and year) Sept 25 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Elijah Gaither

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo. N. Ridgely
(Address) 4211 Euclid Ave

15 Filed JAN 13 1933, 19 Huntington Village, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11-1933

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932, to Jan 11, 1933

that I last saw h[illegible] alive on Jan. 10, 1933

and that death occurred, on the date stated above, at 7 40 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test, confirmed diagnosis? P. E.

(Signed) Homer L. Todd M. D.

1/12 1933 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. View Cemetery — DATE OF BURIAL Jan 14 1933

20 UNDERTAKER Newson Inc — ADDRESS Sykesville Md.

JAN 13 1933

A4Co. 5-11 250B

E 86594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86594

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 Augusta ave St. 70-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth France

(a) Residence: No. 126 Augusta ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER FATHER

13. NAME Henry France
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Elizabeth France
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Minnie Lee France
(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem Date 1/16, 1933

19. UNDERTAKER Mary S. Starr
(Address) Ellicott City Md.

1/3 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to Jan 13, 1933
I last saw h[illegible] alive on Jan 13, 1933 death is said to have occurred on the date stated above, at 2[15] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Lobar Pneumonia	1-7-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J N Wilson M. D.
(Address) 648 W 36th St.

M. D. B. 1268-9

86595 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86595

CERTIFICATE OF DEATH

46v

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-01 St. ..... Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME .....

(a) Residence: No..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Benjamin Eccleston

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Rose Morgan

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Joseph Eccleston
(Address) Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 14, 19 33

19. UNDERTAKER Harry A. Kuitzke
(Address) 1711 Pennsylvania Ave

20. Filed Jan 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to January 12, 1933

I last saw h.. alive on January 12, 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	1932
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Herbert F. Kellman M. D.

(Address) 6 East Biddle St

M. D. B. 1268-0

E 86596

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86596

CERTIFICATE OF DEATH

V 124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4712 Hamptuett Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth N. Bushell

(a) Residence: No. 4712 Hamptuett Ave St., Ward. Lauraville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Allen Bushell

6. DATE OF BIRTH (month, day, year) Jan 21st 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Geo Howells

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John Allen Bushell

(Address) 4712 Hamptuett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 13 1933 19 RFH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 1933 to Jan 13th 1933

I last saw h[illegible] alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1928
Other contributory causes of importance: Chronic Parenchymatous Nephritis	1926
Cirrhosis of Liver	1926

Name of operation Date of

What test confirmed diagnosis Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Gordy M. D.

(Address) Harford & Aberdeen Aves

M. D. B. 1268-9

86597 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86597

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 15 Registered No.

CITY OF BALTIMORE: (No. Baltimore Jail St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Diven

(a) Residence: No. 1404 N. Fulton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Diven

6. DATE OF BIRTH (month, day, year) 10-25-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Michaels, Md

MOTHER FATHER

13. NAME Henry Burris

14. BIRTHPLACE (city or town) (State or country) St. Michaels Md

MOTHER

15. MAIDEN NAME Effie Jackson

16. BIRTHPLACE (city or town) (State or country) St. Michaels Md

17. INFORMANT Record Bulletin, City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 16 1933

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED JAN 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1932 to 1-12 1933

I last saw h alive on 1-12 1933 Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	12-24-32
Pneumonia	
Other contributory causes of importance: Nephritis acute	1-4-33

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-13-33 (Signed) Elsie Fisher M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86598

CERTIFICATE OF DEATH

46 E 86598

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Linden Ave St. 14-Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Lange

(a) Residence: No. 1933 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Chas. G. Lange

6. DATE OF BIRTH (month, day, year) Apr 14th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. G. Lange

(Address) 1933 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 14th 1933

19. UNDERTAKER Wm Cook

(Address) 1912 E. Pratt St

No. 131933 Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Jan 12, 1933

I last saw h... alive on ..... Jan 8, 1933 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	2
Secondary	1

Other contributory causes of importance:

Cancer Stomach	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

M. D. Specify

(Signed) Louis F. A. Meyer M. D.

(Address) 1031 N. Caroline St

M. D. B. 1208-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86599

CERTIFICATE OF DEATH

E 86599

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

107-001 Registered No.

CITY OF BALTIMORE: (No.) St. 25-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Berends

(a) Residence: No. 3704 Leo St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29th 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Berends

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Fahy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 16th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 13 1933 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1932 to Jan 12 1933

I last saw her alive on Jan 12, 1933 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lupus Erythematosus	9-1-32
Other contributory causes of importance:	
Bronchopneumonia	1-11-33
Septicemia	1.12.33

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos McHardy, M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86600

CERTIFICATE OF DEATH

176 E 86600

1. PLACE OF DEATH 3rd Lunacy Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jennie Lobey

(a) Residence: No. 735 N. Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of William J. Lobey

6. DATE OF BIRTH (month, day, year) June 20 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

FATHER

13. NAME John Haley

14. BIRTHPLACE (city or town) (State or country) Winchester Co Md

MOTHER

15. MAIDEN NAME Mary Hennessy

16. BIRTHPLACE (city or town) (State or country) Wicklow Co Ire

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem Date Jan. 15 1933

19. UNDERTAKER John A. Bradshaw

(Address) Crisfield Md

20. FILED Jan 16 1933 Huntington Williams M.D. Registrar.

31622

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1932 to 1/13 1933

I last saw her alive on 1/13 1933 Death is said to have occurred on the date stated above, at 12 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & Cholelithiasis	1922
Post operative Hernia	

Other contributory causes of importance:

Myocarditis with failure

Name of operation Cholecystectomy Date of 1/4/33

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Pierce M. D.

(Address) Md. Lunacy Hospital

OBSERVATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. R. 1328-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86601 E 86601

CERTIFICATE OF DEATH

107-001

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William J. Sealock

(a) Residence: No. 1434 Clipper Mill Rd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph E. Sealock

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Dora Rieley

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Mother - Dora Sealock
(Address) 1434 Clipper Mill Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 16 1933

19. UNDERTAKER A. E. Waghall
(Address) 3509 Fall Rd

20. FILED ....1933 ....Registrar.

141933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932 to JAN. 13, 1933

I last saw h.. alive on JAN 13, 1933. Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-29-32
Other contributory causes of importance: Otitis Media	12-28-32

Name of operation No Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) Suzanne Sterling M. D.

(Address) Union Memorial Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86602

CERTIFICATE OF DEATH

25 E 86602

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Penitentiary ST. 10-01 WARD)

2—FULL NAME Robert Burgess

(a) RESIDENCE NO. 954 Forrest St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Mess Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hoskins N. C.

PARENTS

10 NAME OF FATHER Melvin Burgess

11 BIRTHPLACE OF FATHER (city or town) Columbia (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lucile Truman

13 BIRTHPLACE OF MOTHER (city or town) Lewiston (State or country) N. C.

14 Informant Melvin Burgess

(Address) Hoskins N. C.

15 Filed JAN 14 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13-33

17 I HEREBY CERTIFY, That I attended deceased from October 29, 1932, to Jan. 13, 1933, that I last saw him alive on Jan. 13, 1933, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Enteritis

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? Yes Date of Nov 28-32

Was there an autopsy?

What test confirmed diagnosis? Yes

(Signed) John T. Auburn, M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk Virginia	1/14 1933
20 UNDERTAKER Samuel Thomley	ADDRESS 578 N Eutaw

M. D. B. 1268-9

86603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86603

CERTIFICATE OF DEATH

82-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 S. Carey St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Schlippert

(a) Residence: No. 1104 S Carey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schlippert

6. DATE OF BIRTH (month, day, year) April 13th 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Vinegar Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Minnie Caroline Daughter

(Address) 328 E 27½ St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan. 16th 1933

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED ... 19... Registrar.

41933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from held an inquiry and from ... I last saw him alive on said inquiry Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm H Cromwell M. D. Coroner

(Address) 103 Patapsco Ave, Balto Md

M. D. B. 1268-9

E 86604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86604

CERTIFICATE OF DEATH

11-00

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 S. Clinton St. St. 46-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Gallaher

(a) Residence: No. 1226 S. Clinton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Gallaher

6. DATE OF BIRTH (month, day, year) Dec. 28 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Elton, Md.

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Williams
(Address) 3456 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place Dale Lawn. Date Jan 16 1933

19. UNDERTAKER George W. Zinkler
(Address) 737 E. 33rd St

20. FILED JAN 14 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1933

I HEREBY CERTIFY, That I attended deceased from Jan 11 1933 to Jan 13 1933

I last saw h[illegible] alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 4-55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Jan 13
Other contributory causes of importance:	
Bronchial Pneumonia	Jan 11
Influenza	" 11

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank Kugler M. D.

(Address) 6413 Belair Rd

M. D. B. 1268-9

E 86605 HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 86605

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 96-W Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Poland

(a) Residence: No. 3224 Elliott St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Poland

6. DATE OF BIRTH (month, day, year) 5/24/1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Poland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathews Am Date Jan. 14 1933

19. UNDERTAKER George W. Zibler
(Address) 1737 E Eager St

20. FILED ..... 19..... Registrar.

JAN 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 11 1933

I last saw him alive on Jan 11 1933 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Dean C. Clark M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86606 — CERTIFICATE OF DEATH — 154 E 86606

Registered No. .....

1. PLACE OF DEATH:
CITY OF BALTIMORE: (No. Mercy Hospital St. 26-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Young

(a) Residence: No. 3316 Hudson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Harry Young
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cora Gephart
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 17, 1933

19. UNDERTAKER George W. Zurfluh
(Address) 757 E. Fayette St

20. FILED JAN 14 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to Jan 13, 1933
I last saw him alive on Jan 13, 1933. Death is said to have occurred on the date stated above, at 3:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Osteomyelitis (Staphylococcus)	2 years
Bacillus Meningitis (Staphylococcus)	17 days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. H. Burns M. D.
(Address) Mercy Hospital

M. D. B. 1268-9

Dr Campbell 1644 S. Hanover St South 0059

HEALTH DEPARTMENT—CITY OF BALTIMORE

86607

CERTIFICATE OF DEATH

E 86607

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Patapsco St. 93-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabell M. Dodson

(a) Residence: No. 1621 Patapsco St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8th 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Thomas B Dodson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Fannie P. Davis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Thomas B. Dodson
(Address) 1621 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 14th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED JAN 14 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1932 to Jan 17 1933

I last saw h[illegible] alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Endocarditis	
Other contributory causes of importance:	
Exhaustion	1/10/33

Name of operation None Date of

What test confirmed diagnosis Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

1/14/33 (Signed) L. L. Campbell M. D.

(Address) 1644 S. Hanover St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86608 E 86608

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Perkman Place ST., 6-01 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie L Kreiden

(a) RESIDENCE No. 1923 Perkman Pl ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Elmer K Kreiden

6 DATE OF BIRTH (month, day, and year): Aug 1-1889

7 AGE: Years 43 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Adam Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Elmer Kreiden (Address) 1923 Perkman Pl

15 Filed .....19..... Huntington Williams Registrar

4 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12. 1933

17 I HEREBY CERTIFY, That I attended deceased from May .1920. to Jan 12 .1933.

that I last saw h W alive on Jan 12 .1933.

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Spinal Sclerosis

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Janet Fisher, M. D.

1/13. 1933 (Address) 1828 N. Mast. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Penn — DATE OF BURIAL: Jan 14, 33

20 UNDERTAKER: John Ulrich — ADDRESS: 2008 Aliceanna St

M. D. B. 1268-9

86609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 86609

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 150 N. Ellwood Ave. St. 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes I. Roberts

(a) Residence: No. 150 N. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willard Roberts

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Henry H. Rose

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Pauline Johnson

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Willard Roberts
(Address) 150 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 14 1933

19. UNDERTAKER John Ullrich
(Address) 150 N Ellwood Ave
Huntington Pittsburgh Pa

F 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 11 1933

I last saw h[illegible] alive on Jan 11 1933 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis Supposed / Syphilitic	6 mo
	7d
Other contributory causes of importance: Pulmonary Edema & Bronchitis	2 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Kodel M. D.

(Address) 413 N Howard

M. D. B. 1268-9

E 86610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86610

CERTIFICATE OF DEATH 82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hattie Matthews

(a) Residence: No. 622 Bruns St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Matthews

6. DATE OF BIRTH (month, day, year) April 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co, Md.

FATHER

13. NAME Jos. W. Butler

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Julia Barnes

16. BIRTHPLACE (city or town) (State or country) Charles Co, Md.

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 14 1933

19. UNDERTAKER Mrs. A. G. Elliott

(Address) 1129 E. Eastern Ave

4 1933

, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1932 to Jan 8 1933

I last saw h.. alive on Jan 8 1933 Death is said to have occurred on the date stated above, at 11:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Hemiplegia	11-4-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Pinagel M. D.

(Address) Baltimore City Hosp

Spec.—1-30—M. & T.—250 Blks

E 86611 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86611

CERTIFICATE OF DEATH. 131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Woodyear St. 16-01 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Reed

(a) RESIDENCE NO. 812 Woodyear ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Reed

6 DATE OF BIRTH (month, day, and year) Feb 10, 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co. Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Essex Co. (State or country) Virginia

12 MAIDEN NAME OF MOTHER Phillis Grimes

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant August a Mack (Address) 812 N. Woodyear at

15 Filed 4 1933 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-1933

17 I HEREBY CERTIFY, That I attended deceased from 1-8-, 1933, to 1-10-, 1933,

that I last saw her alive on 1-10-, 1933,

and that death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

Cerebal hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nephritis + hypertension

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Frank A. Saunders M. D.

1-10-1933 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Tivon Cem

DATE OF BURIAL Jan 14 1933

20 UNDERTAKER Joseph A Sisly 1049 N. Mount St.

ADDRESS

M. D. B. 1268-9

86612 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86612

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Tucker

(a) Residence: No. 1140 N Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-12-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	1	11 weeks 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Carrington Tucker

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Simons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Jan 14, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave.

20. FILED JAN 14 1933 [illegible], Registrar.

4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 11, 1933

I last saw him alive on Jan 11, 1933 Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	12-21-32
Pulmonary Tuberculosis ?	N-1-32

Other contributory causes of importance: —

Name of operation LUMBAR PUNCTURE Date of

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Mclan M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

86613 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86613

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Elva Sullivan Huber

(a) Residence: No. 2722 Harford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Huber

6. DATE OF BIRTH (month, day, year) June 6/1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	31	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edw. Sullivan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ethel Hodson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ethel Hodson
(Address) 309-14th Place-N.E. Wash., D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/14/33 19..

19. UNDERTAKER George J. Butts Sons
(Address) 1705 Madison Ave.

JAN 14 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Hollen Coroner, M. D.

(Address) 508 E. Monument

M. D. B. 1268-9

E 86614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86614

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2000 Brunt St. Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Wm. Fiske

(a) Residence: No. 2005 Brunt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary Fiske

6. DATE OF BIRTH (month, day, year) Mar 15/63

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	69	-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 14, 1933

19. UNDERTAKER Mrs. Katie P. Williams
(Address) 322 E. Schroeder St.

20. FILED JAN 14 1933 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to January 11, 1933

I last saw him alive on January 11, 1933 Death is said to have occurred on the date stated above, at 5.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Nephritis	
Other contributory causes of importance:	

Name of operation — Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin C. Wagner M. D.

(Address) 626 Lexington

M. D. B. 1268-9

E 86615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 86615

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Mt Olivet Lane Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George F. Eitel

(a) Residence: No. 300 Mt. Olivet Lane St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced, BUSHAND of (or) WIFE of Mollie C. Eitel

6. DATE OF BIRTH (month, day, year) July 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pattison's Mills

FATHER

13. NAME Gottlieb Eitel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Lubkert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mollie C. Eitel

(Address) 300 Mt Olivet Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/16/ 1933

19. UNDERTAKER John J. Cowan & Son

(Address) 201 Baltimore St

FILED 1/14/1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Jan 12 1933

I last saw h— alive on Jan 12 1933 Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. Keller, M. D.

(Address) 420 Fremont Ave

M. D. B. 1268-5

E 86616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86616

164-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4503 Eastern Ave. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME NELLIE EVANS.

(a) Residence: No. 4503 Eastern Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of George T. Evans.

6. DATE OF BIRTH (month, day, year) Feb. 28 1888.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter A. Franz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George T. Evans (Husband)
(Address) 4503 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Jan. 16 1933

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Wolfe St.

1-14-1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 1/12 1933

Where did injury occur? 4503 Eastern Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Inhaled Illuminating Gas

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B. P. Hergenroth M. D.
Coroner

(Address) 1305 N. Patterson Pk

M. D. B. 1268-9

86617 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86617

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 E. Baltimore St. 2-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Lasnick

(a) Residence: No. 2039 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. I. H. Adler
(Address) 2044 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Shevrei Mt Carmel Date 1-15, 1933

19. UNDERTAKER Sachs Levin Inc
(Address) 1439 E. Balto. St

FILED 1-15-1933 Huntington Matthews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1927, to Jan 13, 1933

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1929
Arteria - sclerosis	
Diabetes	1931

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury. ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jacob Cohen M. D.

(Address) 223 S. Broadway

M. D. B. 1269-9

86618

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86618

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Bradford St ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 56 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Uhlik

(a) Residence: No. 818 N. Bradford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Uhlik

6. DATE OF BIRTH (month, day, year) Unknown 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Joseph Mara

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT James Uhlik
(Address) 818 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 16/33 19

19. UNDERTAKER Frank Cvach & son
(Address) 1906 Ashland Ave

20. FILED JAN 15 1933 Retistar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 . 19 32 to Jan 13 . 19 33

I last saw her alive on Jan 12 . 19 33 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Sclerosis	1 yr

Other contributory causes of importance:

Pulmonary Edema	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Kelly M. D.

(Address) 413 E. Washington

M. D. B. 1268-9

E 86619

86619 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St., 76-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. Bray

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records, Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Cemetery Date Jan 15, 1933

19. UNDERTAKER Raymond Sanders
(Address) 1413 E. Preston St

20. FILED [illegible]

15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1933, to 1-12, 1933

I last saw him alive on 1-12, 1933 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum (left int. cap. ends)	1-12-33
Other contributory causes of importance:	
Hypertension	3
Arteriosclerosis	;

Name of operation None Date of —

What test confirmed diagnosis? Observed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1-13-33 (Signed) Chas. Wightkin M. D.

(Address) Balto. City Hospitals

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86620

E 86620

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 75 yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Sullivan

(a) Residence: No. 1541 Dimeslow St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 15 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84 yrs	3	28	9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Ireland

PERSONAL PARTICULARS

13. NAME Cornelius Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Barret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Ave. City

18. BURIAL, CREMATION, OR REMOVAL
Place Mass Cathedral Date Jan 16, 1933

19. UNDERTAKER J. H. Tickner & Sons
(Address) North Ave

20. FILED Jan 15 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to January 13th, 1933
I last saw her alive on January 13th, 1933. death is said to have occurred on the date stated above, at 8:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchial Pneumonia	
Senility	
arteriosclerosis & hypostatic congestion	
Other contributory causes of importance:	
Chronic arthritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Winfred Van Arsdale, M. D.

(Address) 1000 Eaton Ave

Spec.—1-30—M. & T.—250 Blks

E 86621

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 86621

108

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Mondawmin Ave. ST. 13-01 WARD)

2-FULL NAME Henrietta L. Harrison.

(a) RESIDENCE NO. 3415 Mondawmin Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

6a If married, widowed, or WIFE of William B. Harrison

6 DATE OF BIRTH (month, day, and year) April 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William Valentine.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Salome Eitel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Neva Gardner. (daughter)

(Address) 3415 Mondawmin Ave.

15 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13, 1933.

17 I HEREBY CERTIFY, That I attended deceased from January 7th, 19 33, to January 12th, 19 33.

that I last saw h.er alive on January 12th, 19 33,

and that death occurred, on the date stated above, at 8.08 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

1/18/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan. 16 1933

20 UNDERTAKER Wm. J. Tickner & Son — ADDRESS Northern

M. D. H. 1268-0

86622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86622

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1761 Darley Ave St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Boyer Downes

(a) Residence: No. 1761 Darley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND'S (or) WIFE of Benj. F. Downes

6. DATE OF BIRTH (month, day, year) Sept 16/1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	17 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millington, Md.

FATHER

13. NAME Thomas J. Britton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann MacCasley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT T. Cecil Downes

(Address) 2405 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 16, 1933

19. UNDERTAKER J. Fletcher Sons

(Address) Fort Pl

FILED JAN 15 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-hemorrhage	3 days
Carcinoma Stomach	? yrs

Other contributory causes of importance:

Fracture left femur at neck	Nov 9/32

Name of operation none Date of

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov 9/32

Where did injury occur? on street

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Slipped & fell on street near home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Adams Coroner, M. D.

(Address) 508 E Northern

AACo. 5-31 250B

86623

HEALTH DEPARTMENT—CITY OF BALTIMORE

86623

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp 27-W (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Elizabeth Williams

(a) Residence: No. 3215 Evergreen Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Williams

6. DATE OF BIRTH (month, day, year) July 29 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) Mary land
(State or country)

15. MAIDEN NAME Mary Hyson

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Benjamin Williams
(Address) 3215 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL JAN 17 1933
Place Parkwood Date 19

19. UNDERTAKER Geo A. Little
(Address)

20. FILED JAN 17 1933 Harry [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1933 to 1-14, 1933

I last saw her alive on 1-14, 1933 death is said to have occurred on the date stated above, at 12.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bi. Intera)	1-10-33
Chronic Interstitial Nephritis	
Bronchial Asthma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Luban, M. D.

(Address) South Baltimore Gen. Hosp

M. D. B. 1268-9

86624

HEALTH DEPARTMENT—CITY OF BALTIMORE E86624

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Light St. St. 24-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Kelm

(a) Residence: No. 1827 Light St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Kelm

6. DATE OF BIRTH (month, day, year) June 19 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER'S FATHER

13. NAME Alferd Wenzonreid

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. J. Kelm
(Address) 1827 Light St

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Hill Date 1/16/33

19. UNDERTAKER S. Fenn Mc Cully
(Address) 130 E. Fort Ave

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1932 to Jan. 13 1933

I last saw her alive on Jan. 13 1933 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/13/32
Other contributory causes of importance: Exhaustion	1/12/33

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) [illegible] M. D.

(Address) 644 Hanover St.

AACo. 5-31 250B

John Granofsky

86625 HEALTH DEPARTMENT—CITY OF BALTIMORE 12/✓ E 86625

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 24-01 Ward)

Length of residence in city or town where death occurred ..yrs.....mos. ds. How long in U. S. If of foreign birth? ..yrs. mos. ds.

2. FULL NAME John Granofsky

(a) Residence: No. 1705 St Ste Catherine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1919

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	14			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..
10. Date deceased last worked at this occupation (month and year) .. 11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Lambert Granofsky

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Marie Herbuszka

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 16 1933

19. UNDERTAKER Chas L Ellsworth
(Address) 1501 E Fort Ave

Filed ..... 19.... Registrar.

JAN 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/9/33, 19.... to 1/13, 1933
I last saw h.. alive on 1/13, 1933 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	1/4/33
Other contributory causes of importance: Peritonitis (Streptococcus)	About 1/4/33
Pneumonia	

Name of operation Appendectomy - Drainage Date of 1/9/33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N If so, specify

(Signed) Isaac Miller M. D.
(Address) At Balto Gen Hospital

Spec. 2-29-28—1 M—5—500 Blks.

E 86626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86626

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Lambert ST., 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Hughes

(a) RESIDENCE NO. 1309 Lambert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Hughes

DATE OF BIRTH (month, day, and year) Jan 12 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	66	0	1

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Richard McHale.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Bridget Cunningham

(Address) 1304 Hanover

Filed ..... 19.. .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13- 33

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 33, to Jan. 13, 19 33,

that I last saw h.e alive on Jan 12, 19 33

and that death occurred, on the date stated above, at 10 am m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Hypertension.
Chr. Interstitial nephritis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Unnecessary Sphy.

(Signed) Thos F Stevens, M. D.

1-14. 19 33 (Address) 2878 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Jan 16 19 33

20 UNDERTAKER Chas. P. Stevens

ADDRESS 1001 Druid

JAN 15 1933

Instructions

M. D. R. 1268-9

E 86627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86627

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 42 Edmondson St. 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Johnson

(a) Residence: No. 42 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 10 yrs

PARENTAGE

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Tony Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Dorcas Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ralph Lee

(Address) 42 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 1/15 1933

Place Johnson Cemetery

19. UNDERTAKER Walter E. Spicer

(Address) 139 W. Hamburg St.

20. FILED 1/15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 9 1933 to January 12 1933

I last saw her alive on January 12 1933 Death is said to have occurred on the date stated above, at 3.40 P.M

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

— Date of —

Name of operation — Was there an autopsy? No

What test confirmed diagnosis? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Hagner M. D.

(Address) 625 Edmondson Ave

M. D. B. 1268-9

86628

HEALTH DEPARTMENT—CITY OF BALTIMORE

86628 E

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Edgewood St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margueb. E. Kahn

(a) Residence: No. 416 N. Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Kahn

6. DATE OF BIRTH (month, day, year) Jan 30. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) St Mary County
(State or country) Md.

FATHER

13. NAME Samuel E. Fulman

14. BIRTHPLACE (city or town) Piney Grove St
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary. Beran

16. BIRTHPLACE (city or town) St Mary County
(State or country) Md

17. INFORMANT Herbert Kahn
(Address) 416. N. Edgewood St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/16/33 19

19. UNDERTAKER John Kenny Sons Inc
(Address) 2218 Greene St.

20. FILED Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1932 to Jan 13 1933

I last saw her alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	1 week

Other contributory causes of importance:

Carcinoma of Pyloric End of Stomach

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kahn M. D.

(Address) 927 Madison

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86629

CERTIFICATE OF DEATH

93-003

E 86629

Registered No.

1. PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME David Cohen

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Symond Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 1-15-, 1933

19. UNDERTAKER Sank Levy Inc

(Address) 1437 E Balto St.

20. FILED 1-16-33 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Jan 14, 1933

I last saw h alive on Jan 14, 1933. Death is said to have occurred on the date stated above, at 11:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Smoking	
Arteriosclerosis	
Chronic myocarditis	
Hypertension	
Other contributory causes of importance:	
Cerebral hemorrhage	Jan 14/33

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Meyer Miller M. D.

(Address) 2410 Eutaw Place

M. D. B. 1208-9

E 86630

6630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-04

Registered No.

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. 25-01 St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Constance Panzerchar

(a) Residence: No. 43[illegible] - 6th St., Brooklyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 6th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank C. Panzerchar

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Madeline Schneider

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank C. Panzerchar
(Address) 43[illegible] 6th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarhill Date Jan 16 1933

19. UNDERTAKER Harry L. Flynn
(Address) 1422 E. Lombard St.

20. FILED JAN 15 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1933, to Jan. 14, 1933

I last saw her alive on Jan. 14, 1933 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Lungitis	Jan 9
Bronchial Pneumonia	Jan 10

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Lachman M. D.

(Address) Lyndenham Hospital

M. D. R. 1265-9

86631 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86631

CERTIFICATE OF DEATH

X 92-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) Edgewood Sanatorium St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 4 mos. ds. How long in U. S. If of foreign birth 60 yrs. 0 mos. 0 ds.

2. FULL NAME David Rittenhouse Pratt

(a) Residence: No. Edgewood Sanatorium St., ... Ward. Penna.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Hattie Pratt

6. DATE OF BIRTH (month, day, year) About 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocerie
10. Date deceased last worked at this occupation (month and year) About 1924
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

FATHER
13. NAME Riley Pratt
14. BIRTHPLACE (city or town) (State or country) Carlisle Pa

MOTHER
15. MAIDEN NAME Frances Boyer
16. BIRTHPLACE (city or town) (State or country) Carlisle Penna

17. INFORMANT Wm. Howard Pratt (Son)
(Address) Cambridge Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Lyrone Pa Date Jan 16 1933

19. UNDERTAKER Stewart Morris Co.
(Address) 1201 W. North Ave.

FILED JAN 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1932 to Jan 14th 1933
I last saw h. alive on Jan 14th 1933 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chronic Arteriosclerosis
Cerebral Hemorrhage
Chronic Interstitial Nephritis — Unknown

Other contributory causes of importance:
Chronic Bronchitis

Name of operation None Date of ....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Jefferis Busk M. D.
1/14/33 (Address) 5. Club Rd. Balto

M. D. B. 1268-9

86632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86632

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23 St. 12-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 62 0 0

2. FULL NAME Elizabeth Renshaw

(a) Residence: No. 1 Hopkins Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): About 1870

7. AGE: About 62 Years | Months: 0 | Days: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Medicine

10. Date deceased last worked at this occupation (month and year): About 30 yrs ago. | 11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Joseph Renshaw

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Josephine (unknown)

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Miss Palmer R. Nikerson (niece)
(Address) 6214 Pinehurst Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jany 16 1933

19. UNDERTAKER: Sullivan & Mangold
(Address) 108 W. Mulberry.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1927 to Jan 13 1933

I last saw her alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - with complete Right Side paralysis	Jan 11-33
Other contributory causes of importance: Myocarditis, Aortic Regurgitation, Arteriosclerosis.	unknown

Name of operation None Date of .....

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathaniel M. Beck M. D.

(Address) 100 E. 23rd St

M. D. B. 1268-9

86633 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86633

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? 56 yrs. 6 mos. 24 ds.

2. FULL NAME Mosessna Hefflebower

(a) Residence: No. 2024 McCulloh Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 24 1876 Jan 14 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	6	21	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER FATHER

13. NAME John M Hefflebower

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME F. Emily Hefflebower

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Emily H. Ford

(Address) 2024 McCulloh Terrace City

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan 16 1933

19. UNDERTAKER Stewart & Mowen

(Address) 708 W North Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Jan 14 1933

I last saw h.. alive on Jan 14 1933 Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

(Other contributory causes of importance:

Obstruction of Pyl. Tract

Respiratory Failure

Name of operation Abdominal Exploration Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. F. Longenecker M. D.

(Address) Hebrew Hospital

M. D. B. 1268-9

86634

HEALTH DEPARTMENT—CITY OF BALTIMORE

86634

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Lakeside Ave St., 8-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME August Kimpel, Sr

(a) Residence: No. 1510 Lakeside Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret G.

6. DATE OF BIRTH (month, day, year) Jan 13/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George Kimpel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Agnes ------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence Kimpel
(Address) 1901 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/16/33 19

19. UNDERTAKER No. Wilson & Son
(Address) 2503 Edmondson Ave

FILED JAN 19 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot Wound Brain (Above Rt Ear-Parietal)	
Other contributory causes of importance: Illhealth	?Months.

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry & examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....
Where did injury occur? 1510 Lakeside Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Pistol fired while he was seated in Morris chair
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Buchheit M. D.
Coroner
(Address) 6 E. Mt. Vernon Pl

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

36635

CERTIFICATE OF DEATH

161 E 86635

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Home St. H-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Barnes

(a) RESIDENCE NO. 714 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 26 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailoring
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Adam Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nellie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rus.

14 Informant Norman Barnes

(Address) 714 W Lombard St

15 Filed NOV 15 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to Stab wound of Heart (duration) , yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lafayette Blvd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jan 14 1933 J. B. Polk Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 16 1933

20 UNDERTAKER Martin McDippold — ADDRESS 3760 Ave

6836 68-0

✓ E 86636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 4021 Roland Ave St.) 13-01 Ward)

Length of residence in city or town where death occurred 72 yrs. — mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Caroline Elizabeth Blakeney

(a) Residence: No. 4021 Roland Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Wesley Blakeney

6. DATE OF BIRTH (month, day, year) Aug 26, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford, Pa. U.S.A.

FATHER

13. NAME Elisha Karr

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ca Margaret Sands

16. BIRTHPLACE (city or town) (State or country) Pa. U.S.A

17. INFORMANT Herbert Blakeney

(Address) 1402 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 16 1933

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

Jan 15 1933 Hunting H. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 14 1933

I last saw h.er alive on Jan 14 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and generalized arteriosclerosis	3-5 yrs
Other contributory causes of importance: Bronchial pneumonia	2 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. N. McDaniel M. D.

(Address) 1031 St. Paul St

AACo. 5-31 250B

86637

E 86637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Pk Heights Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Mosey

(a) Residence: No. 5010 Pk Height Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar 2/55

8. AGE — Years: 77 | Months: 10 | Days: 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Gertrude E. Mosey

(Address) 5010 Pk Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 1/17 1933

19. UNDERTAKER Philip Herrig Jr

(Address) 2016 Orleans St

FILED JAN 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2 1931, to Jan 14 1933

I last saw her alive on Jan 14 1933 death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1/33

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wm Lofland M. D.

(Address) 5912 Park Heights Ave

M. D. B. 1268-9 E 86638 ✓ E 86638

268774

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Bates

(a) Residence: No. 223 N Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Bates

6. DATE OF BIRTH (month, day, year): Mar 5 66 ~~Unknown~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: N W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Vermont

FATHER

13. NAME: Alfred LaFontaine

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Evelyn ?

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Oakwood Date: 1/16/33 19

19. UNDERTAKER (Address): Philip Herring & Co 2016 E Eileens St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933 to Jan 12, 1933

Last saw her alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 9 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Coronary thrombosis	3 mos
Myocardial failure	2 mos
Other contributory causes of importance:	
Emaciation	6 wks
Anemia	3 mos
Starvation accidental	10 days

Name of operation: none Date of: —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clayton M Hardy M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

86639 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86639

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317-N. Bond Street St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Caroline Di Pane

(a) Residence: No. 1317-N. Bond Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Di Pane

6. DATE OF BIRTH (month, day, year): 10/24/1877

7. AGE: Years 55 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Angelo Vetri

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Josephine Scrbona

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: August Di Pane
(Address): 1317-N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Date: 1/16/33 19

19. UNDERTAKER: George J. Roth Inc.
(Address): 1733 Hanover St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	7 yrs
Metastasis to lungs	??

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Haines M. D.
Coroner

(Address) 508 E. Fayette

M. D. B. 1268-B

86640 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86640

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417-E.Lanvale Street St., 9-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva L. Hubbard

(a) Residence: No. 1417-E.Lanvale Street St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of - - - - -

DATE OF BIRTH (month, day, year) 1/18/1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	27 26	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamtress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME John H. Hubbard

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Camilla Bennett

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs. W. Morrisson

(Address) 1417-E.Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 1/17/33, 19

19. UNDERTAKER [illegible]

(Address) 1735-Harford Ave.

19... Registrar.

510

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [signature] Coroner M. D.

(Address) 508 E North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86641

86641

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St. 20-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustavus B. Rice

(a) Residence: No. 2227 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Hattie E. Rice

7. DATE OF BIRTH (month, day, year) July 4 1861

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Rice

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah E. Lambkin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hattie E Rice (wife)

(Address) 2227 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Jan 17, 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

FILED JAN 15 1933 Interment Private Vault

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1933, to 1-17, 1933

I last saw h.im alive on 1-17, 1933 Death is said to have occurred on the date stated above, at 11 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas	
Cachexia	
Hemorrhages of mucous membranes	
Secondary Anemia	

Other contributory causes of importance:

Name of operation No Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Emanuel Jr. M. D.

(Address) University Hosp

E 86642

1-30 B—50L

E 86642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 22-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Bradshaw

(a) RESIDENCE NO 43 E Montgomery ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P Bradshaw

6 DATE OF BIRTH (month, day, and year) Dec 31 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88	88	—	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER William Price

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sally Bradshaw

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs. Addie T. Plummer
(Address) 528 E. North Ave

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Accidental fall, Fracture Femur Broken

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 43 E Montgomery

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Post

(Signed) H. E. Norris M.D., M. D. Coroner

, 19 (Address) 1905 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dead Island Md. Via Ruxy Express

DATE OF BURIAL Jan 13 1933

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

JAN 13 1933

M. D. B. 1268-4

86643

Amalie Maldeis ✓ E 8664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Hunting Place Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amalie Maldeis

(a) Residence: No. 701 Hunting Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Reinhold Maldeis

6. DATE OF BIRTH (month, day, year) May 6 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Mae Matthews

(Address) 701 Hunting Place

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 16 1933

19. UNDERTAKER John Welsh & Co

(Address) 2008 Orleans

20. FILED JAN 16 1933 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1930 to Jan 14 1933

I last saw her alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
chronic bronchiectasis	3 years
chronic myocarditis	2 years

Other contributory causes of importance:

Cardiac insufficiency	1 mo

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George F. Kemp M. D.

(Address) 2210 Edmondson Ave

M. D. B. 1268-4

86644 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86644

CERTIFICATE OF DEATH

1. PLACE OF DEATH Marylando General Hospital

CITY OF BALTIMORE: (No. 11-01 St. Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Seaver

(a) Residence: No. Strawbridge Home St., Ward. Carroll Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Boys

10. Date deceased last worked at this occupation (month and year) June 8-33

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Seaver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucas.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address) Md General Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md. Date Jan 17 1933

19. UNDERTAKER Geer & Sons Inc.

(Address) Lynchburg Md.

20. FILED 1-31-1933 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1933 to 1-15 1933

I last saw h alive on 1-15 1933 Death is said to have occurred on the date stated above, at 3-40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-9-33
Other contributory causes of importance:	
Acute Myocarditis	1-15-33
General Toxemia	"

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Hance M. D.

(Address) Md General Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 86645

86645

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Balto city Hospital

CITY OF BALTIMORE: (No. ..... St., 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry M. Stewart

(a) Residence: No. 1616 Aliceanna (Oliver St) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Stewart

DATE OF BIRTH (month, day, year) 3-28-1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Work Shop for Blind

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James ? Stewart

14. BIRTHPLACE (city or town) (State or country) ? Phila Pa

15. MAIDEN NAME Nancy S. ? Miles

16. BIRTHPLACE (city or town) (State or country) ? Unknown

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan 17 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 18 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1932 to 1-13 1933

I last saw h. M alive on 1-13 1933 Death is said to have occurred on the date stated above, at 11 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Begin Paralytic Hypertrophy	?
Blindness	"
Deafness	"

Other contributory causes of importance:

Bronchopneumonia	1-1933

Name of operation NO Date of —

What test confirmed diagnosis ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bowie Schaefer M. D.

(Address) Balto City Hospital

M. D. B. 1268-9

86646 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 86646

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E. North Ave 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine De Parpe Lohmuller

(a) Residence: No. 1704 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~
HUSBAND of (or) WIFE of Diedrick Lohmuller

7. DATE OF BIRTH (month, day, year) July 28 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Benjamin De Parpe

14. BIRTHPLACE (city or town) (State or country) Belgium

15. MAIDEN NAME Helena Sinskey

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. B. Lohmuller
(Address) N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 17 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED JAN 18 1933, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1932 to January 15, 1933.
I last saw he alive on January 14, 1933. Death is said to have occurred on the date stated above, at 330A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Lobular Pneumonitis	12/31/32
Other contributory causes of importance: Acute nephritis and Uremia	1/13/33

Name of operation ..... Date of .....
What test confirmed diagnosis Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisenberg M. D.
(Address) 2025 E North Ave

M. D. B. 1268-9

E 86647

86647

HEALTH DEPARTMENT—CITY OF BALTIMORE

93003

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriet E Wilson

(a) Residence: No. 3018 Northway Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Wilson

6. DATE OF BIRTH (month, day, year) Sept 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	+ 3.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME John Rollins.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Hazier

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John P. Pearsall

(Address) 315 Rosalie Ave City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 19 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 19 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932, to Jan 15, 1933

I last saw her alive on Jan 13, 1933. Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis prior to	Dec 21 '32
Chronic Myocarditis and	
Myocardial Degeneration prior to	Dec 21 '32
Senility	

Other contributory causes of importance:

Senile Dementia prior to	Dec 21 '32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Webber Young M. D.

(Address) Church Home & Infirmary Baltimore

M. D. B. 1265-2

86648

HEALTH DEPARTMENT—CITY OF BALTIMORE

86648

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St. 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Geyer

(a) Residence: No. 423 Whitridge Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE) of~~ Ada M. Geyer

6. DATE OF BIRTH (month, day, year) Jan 3rd 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation ~~X~~

11. Total time (years) spent in this occupation ~~X~~

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frederick Geyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ada M. Geyer

(Address) 423 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 18 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1933 to 1-15, 1933

I last saw him alive on 1-12, 1933. Death is said to have occurred on the date stated above, at 6:33 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	12-20-32
Other contributory causes of importance: Rheumatic Valvular Endocarditis	?
Arterio Sclerosis	

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Thomas Jr. M. D.

(Address) University Hosp.

86649 Charpentier E 86649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Charpentier

(a) Residence: No. 4709 Norwood Ave St., Ward. Howard Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced WIFE of (~~or HUSBAND of~~) Florida C. Charpentier

7. DATE OF BIRTH (month, day, year) May 5/1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 06b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Patterson

14. BIRTHPLACE (city or town) (State or country) Hoskessin

15. MAIDEN NAME Hukessin

16. BIRTHPLACE (city or town) (State or country) Hoskessin

17. INFORMANT Mrs Chas F Charpentier

(Address) 4709 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fair View Bedford Mass Date Jany 18 1933

19. UNDERTAKER Harry R. Agnew & Son

(Address) 4204 Roland Ave

FILED JAN 18 1933 Huntington W. Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1932 to Jan. 15, 1933

I last saw him alive on Jan. 15, 1933. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Lung	?
Other contributory causes of importance:	
Secondary Anemia	1932
Myocardial failure	1/14/33

Name of operation Bronchoscopy Date of 1/8/33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David J. C. Hildebrandt, M. D.

(Address) Univ. Hospital

86650

HEALTH DEPARTMENT---CITY OF BALTIMORE

E 86650

CERTIFICATE OF DEATH

√17

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2911 Huntingdon Ave 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton G. Nott

(Residence in Baltimore: No. above (same) St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Jan (Month) 12, (Day) 1889 (Year)

7-AGE: 44 43 yrs 2 mos ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Penna R.R.

9-BIRTHPLACE (State or country): md

PARENTS

10-NAME OF FATHER: John Nott

11-BIRTHPLACE OF FATHER (State or country): md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Nott

(Address) 2911 Huntingdon Ave

15- Filed JAN 16 1933 [illegible] for Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 14 (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..., 191..., to, 1/15 1933, that I saw h[illegible] alive on 1/14 (10 PM) 1933, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

about 2 wks (Duration) yrs mos ds.

Contributory (SECONDARY) Cause, Intoxication

(Duration) yrs mos ds.

(Signed) Henry F. Connelly M. D.

1/15 1933 [Address] 1 Upland Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mouland Memorial Park DATE OF BURIAL: Jan 16, 1933

20-UNDERTAKER: Chenoweth Son ADDRESS: 3615-17 Chestnut Ave

Spec.—9-30—A. & Co.—250 Bks.

E 86651

86651 HEALTH DEPARTMENT—CITY OF BALTIMORE

131V

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Harlem ave-01 ST. WARD)

2 FULL NAME Harry H. Murray

(a) RESIDENCE No. 836 Harlem ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Murray

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jos. Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Susie Murray (Address) 836 Harlem Ave

15 Filed 10 1933 Huntingtown Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1933

17

I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1932, to Jan. 12, 1933

that I last saw him alive on Jan. 10, 1933

and that death occurred, on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 4 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

1/13 1933 (Address) 1012 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Jan 16 1933

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 840 Mc Culloh

M. D. R. 1238-0

E 86652

86652 26870 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Celestine Smith

(a) Residence: No. 519 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence

6. DATE OF BIRTH (month, day, year): 7-16-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Richard Johnson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Annie (?)

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date June 1 1933

19. UNDERTAKER: Mrs. Lillian G. Bailey

(Address) 1421 Pennsylvania Ave

20. FILED JUN 1 1933 Huntington, West Virginia, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933 to Jan 12, 1933

I last saw him alive on Jan 12, 1933 Death is said to have occurred on the date stated above, at 315A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Hypertension	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Bradley Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

86653 E 86653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307-N. Bond Street St., 8-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Gordon Mairs

(a) Residence: No. 1307-N. Bond Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert G. Mairs

6. DATE OF BIRTH (month, day, year) 9/4/1862

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
70	4	9	10 xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lowell, Mass.

FATHER

13. NAME Fred. S. Gordon

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

MOTHER

15. MAIDEN NAME Ellen M. Kimball

16. BIRTHPLACE (city or town) (State or country) Boston, Mass.

17. INFORMANT Edith V. Gordon
(Address) 1307-N. Bond Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/16/33 19

19. UNDERTAKER J. Robt. Owens
(Address) 1735-Hartford Ave.

20. FILED JAN 16 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14- 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1933 to Jan 14- 1933

I last saw h[illegible] alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 8-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1932
Other contributory causes of importance:	
Edema Lungs	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NV Date of injury ..... 19.....

Where did injury occur? NV
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NV

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NV If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1631 E Fayette Av

M. D. R. 1268-9

86654

E 86654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113-S. Regester Street St. 2-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 53 yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Luckart

(a) Residence: No. 113-S. Regester Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Luckart

6. DATE OF BIRTH (month, day, year) 10/16/1851

7. AGE Years	Months	Days	If LESS than 1 day, hours or ..... min.
81	2	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME (Bayer)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Jennie Luchart

(Address) 113-S. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/17/33 19

19. UNDERTAKER George J. Pentz Sons

(Address) 1735-Harford Ave. Baltimore

20. FILED JAN 13 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 19 33 to Jan 14 19 33

I last saw h[illegible] alive on Jan 13 19 33 Death is said to have occurred on the date stated above, at 8.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	1
Acute Myocarditis	Jan (1-33)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

M. D. B. 1268-9

86655

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 86655

CERTIFICATE OF DEATH

124-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Oak St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Altvater

(a) Residence: No. 2727 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 25. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Penitentiary

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Altvater

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ida K. Fennig

(Address) 2727 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 18th 1933

19. UNDERTAKER Wm. Mus. Schutt Rempfel & Son

(Address) 201 W. Fayette St.

20. FILED ... 19...

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from — . 1930. to Jan 15. 1933

I last saw HIM alive on Jan 14. 1933 Death is said to have occurred on the date stated above, at 11.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver (Alcoholic Type)	1930
Other contributory causes of importance: Terminal Broncho pneumonia	

Name of operation None. Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm Thos Jr M. D.

(Address) 2211 Eutaw St.

M. D. B. 1268-9

86656

HEALTH DEPARTMENT—CITY OF BALTIMORE 86656

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Broadway St. 14 - 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Hester H. Hines

(a) Residence: No. 2313 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of T. L. Hines Jr.

6. DATE OF BIRTH (month, day, year) Dec 12 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown
(State or country) Md.

FATHER

13. NAME Joseph A. Wickes

14. BIRTHPLACE (city or town) Chestertown
(State or country) Md.

MOTHER

15. MAIDEN NAME Maria Silghman

16. BIRTHPLACE (city or town) Chestertown
(State or country) Maryland

17. INFORMANT Thos. H. Hines Jr.
(Address) Scarsdale N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 16 1933

19. UNDERTAKER John J. Whitehurst
(Address) 1900 Eutaw Place

20. FILED JAN 16 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933 to Jan 14, 1933
I last saw h... alive on Jan. 14, 1933 Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	Aug. 1932
Metastasis to liver	

Other contributory causes of importance:

Chronic myocarditis	1929(?)
Chronic fulminary tb	
Myocardial degeneration	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. Hobbes Young M. D.

(Address) Church Home & Infirmary Baltimore

M. D. B. 1268-9

8665 / E86657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 16-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Hentzer, Jr.

(a) Residence: No. 1107 N. Monroe st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Hentzer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Rhinehart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] College Date June 16 19[illegible]

19. UNDERTAKER [illegible] Health.

(Address)

20. FILED JUN 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1933, to January 13, 1933

I last saw h... in alive on January 13, 1933. Death is said to have occurred on the date stated above, at 12.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

C.—1-30—M. & T.—250 Bks

E 86658

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86658

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2470 Shirley Ave ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle E Berger

(a) RESIDENCE NO. 2470 Shirley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of or) WIFE of John H Berger

DATE OF BIRTH (month, day, and year) 10. 21. 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Albert Ramsey

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Isabelle Clagey

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

Informant Jane Wm Young

(Address) 2470 Shirley Ave

JAN 16 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 15. 1933

17 I HEREBY CERTIFY, That I attended deceased from December 31, 1932, to Jan 14th, 1933, that I last saw h-e alive on Jan 14th, 1933, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Grip - with Arteria Sclerosis

Senile degeneration following with

Senile Pneumonia -

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) General Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Beeten, M. D.

1. 15, 1933 (Address) Fort Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 17 1933

20 UNDERTAKER Fred A. Wanzer — ADDRESS 703 Hanover

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86659

CERTIFICATE OF DEATH

163 E 86659

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 14-01 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Barrett

(a) Residence: No. 716 Pennsylvania St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fmal | 1. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jas Barrett

DATE OF BIRTH (month, day, year): July 8 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Dec 32

11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Wm Gates

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Catherine Gould

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Jas Barrett

(Address): 590 Cath

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: Jan 16 1933

19. UNDERTAKER: Thomas E. Kelson

(Address): 1303 Presstman st.

JAN 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Bichloride Poison	10 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luke Coroner, M. D.

(Address) Coroner

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86660 E 86660

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W. Carey St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B. Gaskins

(a) Residence No. 1022 W. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Dec 16 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	—	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Rufus Gaskins

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Esselerie Blackwell

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Rufus Gaskins

(Address): 1022 W. Carey

18. BURIAL, CREMATION, OR REMOVAL: Laurel Md Cem. Jan 16 1933

19. UNDERTAKER: Thomas E. Kelly

(Address): 1303 Pennsylvania ave

20. FILED: JAN 16 1933 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19... I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
	4 days

Other contributory causes of importance:

None

Name of operation: Regular Date o...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [signature] M. D.
Coroner

(Address) Coroner

86661 E 86661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 846 S. Bond St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Waniecky

(a) Residence: No. 846 S Bond St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joe Waniecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs S Kopinska Daughter

(Address) 846 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 17 1933

19. UNDERTAKER J. W. Zagurski

(Address) 960 S Eastern Ave

20. FILED 19 Registrar

JAN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 '33 to Jan 13 '33 19

I last saw him alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	1 yr
Broncho Pneumonia	Jan 7 '33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? PS Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond S Fletcher M. D.

(Address) 916 Eutaw Pl

...C.—1-30—M. & T.—250 Bks.

86662

E 86662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 131

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 846 Vine, ST. 18-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ilma English

(a) RESIDENCE NO. 846 Vine ST., WARD Penn. Gdn.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced (or) WIFE of George English

DATE OF BIRTH (month, day, and year) Jany - 1893

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	7	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Greenwood S.C.
(State or country)

10 NAME OF FATHER Mack Nance

11 BIRTHPLACE OF FATHER (city or town) Greenwood S.C.
(State or country)

12 MAIDEN NAME OF MOTHER Amanda Watley

13 BIRTHPLACE OF MOTHER (city or town) Greenwood S.C.
(State or country)

Informant Ethel Clemens
(Address) 846 Vine St.

Filed JAN 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 13. 1933

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to Jany 13, 1933, that I last saw her alive on Jany 12, 1933, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvulitis

Nephritis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Heuler, M. D.

1/16, 1933 (Address) 1600 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York, N.Y.

DATE OF BURIAL Jan. 16, 1933

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St.

M. D. B. 1265-9

86683 E 86663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 122-002

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. [illegible] St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Travis

(a) Residence: No. 2138 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

7. DATE OF BIRTH (month, day, year) [illegible] 1883

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/16/33

19. UNDERTAKER Mrs. Geo. E. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933 to Jan 12, 1933

I last saw h. alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1/5/33

Other contributory causes of importance:

Carcinoma

Name of operation Intestinal resection Date of 1/9/33

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86664 E 86664

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospt. Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1100 Eutaw Ave. St. ..... Ward) 1601

Length of residence in city or town where death occurred 52 yrs. 1 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Mc Elquinn

(a) Residence: No. 911 West Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Mary Mc Elquinn (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 2d 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 yrs.	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Hennie Mc Elquinn

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

15. MAIDEN NAME Mary Tierney

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Jenkins Memorial Hosp.
(Address) Balto. Md 1100 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/17 1933

19. UNDERTAKER John J Cowan & Son
(Address) 401 Cathedral St. Baltimore, Md.

20. FILED JAN 16 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to January 14th 1933

I last saw him alive on January 14th 1933 death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	
Generalized Carcinomatosis	
Terminal Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W Alfred Vordenberg M. D.

(Address) St Agnes Hos

H. D. B. 1268-9

6665 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86665

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Moore

(a) Residence: No. 510 Augusta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Moore

DATE OF BIRTH (month, day, year) 8/14/1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	70	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME West Moore

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Jenny

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 16 1933

19. UNDERTAKER Commissioner Health

(Address)

20. FILED JAN 16 1933 Registrar

0068

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Carter M. D.
Coroner

(Address) 5-08 E North Ave

86666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86666

35

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. 17-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geneva Barnhardt

(a) Residence: No. 706 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Negro

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 4-5-1899

8. AGE — Years 33 — Months 8 9 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eliza Barnhardt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Bond College Date Jan 16, 1933

19. UNDERTAKER

(Address)

6 1933

Washington Wallace Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1932 to 1-13, 1933

I last saw her alive on 1-13, 1933 Death is said to have occurred on the date stated above, at 8:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Tubo-Ovarian abscess.	?
adhesion	?
Other contributory causes of importance:	
Post operative Shock	1-13-33

Name of operation Supra vaginal hysterectomy Date of 1-13-33

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ..., specify .....

(Signed) Wm Boyce Lehmann M.D.

(Address) Balto City Hospitals

M. D. B. 1268-9

86667 ✓ E 86667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Ind. St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Watson

(a) Residence: No. 1613 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz —

6. DATE OF BIRTH (month, day, year) 12-25 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Windsor, N. C.

FATHER

13. NAME Edward Watson

14. BIRTHPLACE (city or town) (State or country) Windsor, N. C.

MOTHER

15. MAIDEN NAME Lucy Watson

16. BIRTHPLACE (city or town) (State or country) Windsor, N. C.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jefferson Med College Date Jan 16, 1933

19. UNDERTAKER .....
(Address)

20. FILED 1-19-1933 Huntington Williams Registrar.

0070

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1933 to 1-17, 1933

I last saw him alive on 1-17, 1933 Death is said to have occurred on the date stated above, at 11:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	12-28-32
Other contributory causes of importance:	
Uremia	1-5-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19—

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1-13-33 (Signed) Elmer Wright Coe M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

86668 HEALTH DEPARTMENT—CITY OF BALTIMORE 86668

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4225 Wickford Road. St. 27-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara M. McGovern

(a) Residence: No. 4225 Wickford Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P. McGovern

6. DATE OF BIRTH (month, day, year) Oct. 10th. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Michael Shaughnessy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT J. W. McGovern Jr.
(Address) 4225 Wickford Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan. 17 1933

19. UNDERTAKER Chas. H. Nash & Son
(Address) 118 W. Mt. Royal ave

20. FILED JAN 16 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932 to Jan 15 1933

I last saw h Sr. alive on Jan 14 1933 Death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Bernard Gorss M. D.

(Address) 1216 N Calvert St

Spec.—1-12-23—M&T—500 Blks.

86669 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86669

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 400 E Federal St. 12-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Vogel

(a) RESIDENCE NO. 400 E. Federal St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: Katie

6b DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 58. Months 57 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Abraham Vogel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Pearl Brenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Katie Vogel 400 E Federal st

15 Filed JAN 16 1933 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1933

17 I HEREBY CERTIFY, That I attended deceased from May 5 1931 to Jan 16 1933

that I last saw h/m alive on Jan 16 1933

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas. W. Edmunds M. D.

Jan 16 1933 (Address) 2746 Alameda

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Helgrow Mt Carmel Rd

DATE OF BURIAL: Jan 16 1933

20 UNDERTAKER: Jos Purnell & Bro

ADDRESS 1127 E Baltimore st

M. D. B. 1268-9

6670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86670

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 1-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Will Davis

(a) Residence: No. 132 E. East st. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1871

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Washington District of Colum.

13. NAME Henry Davis

14. BIRTHPLACE (city or town) (State or country) North Carolina ?

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md Medical College Date Jan 16 . 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14 . 1933

22. I HEREBY CERTIFY, That I attended deceased from December 28 . 1932 to January 14 . 1933

I last saw him alive on January 14 . 1933 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1, 33
Bronchopneumonia -	Jan 4, 33

Other contributory causes of importance:

Arteriosclerosis	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Kenneth A. Steen M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 86671 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86671

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Foster Ave. St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES H. HAHN.

(a) Residence: No. 3212 Foster Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Hahn.

6. DATE OF BIRTH (month, day, year) Sept. 17 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

13. NAME August Hahn

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Florence E. Hahn (Wife)
(Address) 3212 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Jan. 18 1933

19. UNDERTAKER Lilly Feiler Inc.
(Address) 403 S. Wolfe St.

20. FILED JAN 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Jan 15, 1933.

I last saw him alive on Jan 15, 1933. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur J. Beachman M. D.

(Address) 3507 Fait Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86672

CERTIFICATE OF DEATH

82 E° 86672

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Reinhardt

(a) Residence: No. 1826 32nd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad —

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record (Balto City Hospitals)
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 17, 1933

19. UNDERTAKER Lilly & Sons 4[illegible] Howard St.
(Address)

20. FILED Huntington Williams 1-17-33

61933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~12~~ 1-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1931, to 1-14 1933

I last saw h[illegible] alive on 1-14 1933 Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1-14-33

Other contributory causes of importance: Hemorrhage into left ventricle of cerebrum ~~and~~ ? Sept 1932

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-17-33 (Signed) Elmer Hightberger M. D.

(Address) Balto. City Hospitals Baltimore, Maryland

H. D. B. 1268-9

86673 HEALTH DEPARTMENT—CITY OF BALTIMORE 86673

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 22-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Colen

(a) Residence: No. 819 Bevan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 22, 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed 089

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (rity or town) Virginia
(State or country)

13. NAME Charles Colen

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Jane Adams

16. BIRTHPLACE (rity or town) Virginia
(State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fred College Date Jan 16 1933

19. UNDERTAKER

(Address)

Filed ..... 19..... Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1932 to 1-15, 1933

I last saw him alive on 1-15, 1933 Death is said to have ocrurred on the date stated above, at 6.55 A. m.

The prinripal cause of death and related rauses of importance were as follows:

	Date of onset
Luetic Cardio-Vascular	
Disease	2-3 yrs?
Cardiac decompensation	3 wks?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Exam + Serology Was there an autopsy? No

23. If death was due to external rauses (violence) fill in also the following:

Accident, suicide, or homiride? ..... Date of injury ..... 19.....

Where did injury ocrur? ..... (Specify rity or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased?

If so, specify .....

(Signed) J. A. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86674 E 86674

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St. [illegible] Ward) Baltimore City Hospital No-01

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Slough

(a) Residence: No. 4007 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 1-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Hospitals

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Old Fort Md

MOTHER FATHER

13. NAME Hubert A ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Hills Jan 17 1933

19. UNDERTAKER John C. Miller
(Address) 2430 E. Baltimore St

22. FILED JAN 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1933 to 1-13-1933

I last saw h[illegible] alive on 1-13-1933 Death is said to have occurred on the date stated above, at 10:45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	1-9-33

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-14-33 (Signed) Elmer H. Gilbert M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86675

CERTIFICATE OF DEATH

108 E 86675

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 7-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores Meade

(a) Residence: No. 964 N. Washington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or ~~Race~~	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 7, 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Frank Meade

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Carrigan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Forgotten record)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Jan. 16. 1933

19. UNDERTAKER William Pokrapff

(Address) 846 E. Monument St

Huntington Baltimore Md

Registrar.

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Jan 15 1933

I last saw her alive on Jan 15 1933 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	Jan 4, 33
2.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Burns M. D.

(Address) Mercy Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86676

CERTIFICATE OF DEATH

E 86676

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2121 Penrose Ave. St. 90-61 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ann Nowell

(a) Residence: No. 2121 Penrose Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Nowell

DATE OF BIRTH (month, day, year) Aug. 17, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) England.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. Wm. J. Stewart

(Address) 2121 Penrose Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/17 1933

UNDERTAKER 6 Vernon Lemmar

(Address) 4611 Park Heights Ave.

1933 Huntington Williams Mort

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1932 to 1/14 1933

last saw h alive on 1/13 1933 Death is said to have occurred on the date stated above, at 2 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Hypostasis	2 yrs
Other contributory causes of importance:	
Apoplexy	1 yrs

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Cerf M. D.

(Address) 2145 N Bulte Balto Md

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86677 E 86677

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Edmondson Ave Ward) H-21

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Christopher Burger

(a) Residence: No. 2706 Edmondson Ave City ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretta Burger

DATE OF BIRTH (month, day, year) June 27 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 123

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank C. Christopher

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary M. Krug

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Margaretta Christopher 2706 Edmondson

BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date 1/17/33 19

UNDERTAKER Edward A. Brauning (Address) 1128 Edmondson Ave

FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leslie Harris Coroner, M. D.

(Address) ...

c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86678

CERTIFICATE OF DEATH

46 E 86678

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 813 Low ST. 5-01 WARD)

2—FULL NAME Eleodoro Alcarese

(a) RESIDENCE NO. 813 Low St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosaria Alcarese

6 DATE OF BIRTH (month, day, and year) Feb 25-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe maker

(b) General nature of industry, business, or establishment in which employed (or employer) 688

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Alphonso Alcarese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Antonetta Maggio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Alphonso Alcarese

(Address) 813 Low St.

61933 ~~Washington Hillman~~ M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14-1933

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1932, to Jan 14, 1933

that I last saw h[illegible] alive on Jan 13, 1933

and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D Di Stefano M. D.

Jan 16, 1933 (Address) 407 N. Exeter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 1/17. 1933

20 UNDERTAKER Chas. B. Kuchauskas

ADDRESS 637 S. Paca St.

M. D. B. 1268-A

86679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86679

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Josephs Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Elizabeth Tracey

(a) Residence: No. 404 East 20th Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph P. Tracey

6. DATE OF BIRTH (month, day, year) May 5th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sons-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Glen Arm Balto Co Md

MOTHER FATHER

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Clayton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John W. Rodgers

(Address) 3718 Old Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Jan 14, 1933

I last saw h[er] alive on Jan 14 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (adhesion)	1/9/33
Cardiovascular Renal Disease -	
Other contributory causes of importance:	
Toxemia incident to	
Intestinal obstruction	1/12/33

Name of operation Laparotomy Enterostomy Date of 1/12/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Bressa M. D.

(Address) St Joseph Hosp

AaCo. 5-11 2500

86680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86680

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 Barre St. 21-01 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie R. Hull

(a) Residence: No. 1039 Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of John S. Hull

DATE OF BIRTH (month, day, year) Feb 12th 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Leonard Cassell

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Eliza Woodall

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Harry B. Hasty
(Address) 1039 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED JAN 19 1933 Washington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 14, 1933

I last saw h... alive on Jan 7, 1933 death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	
Other contributory causes of importance:	
Hx of Stroke	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. Burley ..., M. D.
(Address) 127 Lexington St.

Spec. – 1-10-21 – M&T – 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86681

E 86681

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1712 N Castle St. WARD 21

2-FULL NAME Ida May Allen

(a) RESIDENCE NO. 1712 N. Castle St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 3, 1861

7 AGE: Years 71 | Months 10 | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Albert Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Charlotte Salter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edna B Duvall
(Address) 1712 N Castle St

15 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 16, 1933, that I last saw her alive on Jan 15, 1933, and that death occurred, on the date stated above, at 5 00 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vas. Renal Disease

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2200 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christian Baptist Church Cemetery Harford Road — DATE OF BURIAL 1/19/1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St.

M. D. B. 1268-9

86682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86682

CERTIFICATE OF DEATH

87-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) 20-d (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Kemp.

(a) Residence: No. 714 Little Stafford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maria Kemp

6. DATE OF BIRTH (month, day, year) March 18?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77?	9 10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coach Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tourney mear 050

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John W. Kemp

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ruth Lantz

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md Baltimore

17. INFORMANT Mary Kemp

(Address) 714 Little Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 19th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams M.D.

JAN 1933 R. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1933 to Jan 16 1933

I last saw h. alive on Jan 16 1933 Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-14-33

Other contributory causes of importance:

Arteriosclerosis ?

Bronchopneumonia ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. Magruder M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86683

CERTIFICATE OF DEATH

E 86683

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1824 Clifton Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frank Reid.

(a) Residence: No. 1824 Clifton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Reid.

6. DATE OF BIRTH (month, day, year) Sept. 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Reid Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. Reid Co.

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER'S FATHER'S

13. NAME John Reid.

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

15. MAIDEN NAME Elizabeth Philpot

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs Annie E. Reid

(Address) 1824 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Jan 18 1933

19. UNDERTAKER Wm Hitchner Sons

(Address) North & Pa Aves.

20. FILED 19 Registrar

JAN 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 7 1933 to Jany 15 1933

I last saw him alive on Jany 15 1933 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	9 days
Other contributory causes of importance:	
Myocardial degeneration & arteriosclerosis	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D.

(Address) 1500 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86684

CERTIFICATE OF DEATH

E 86684

82-002

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Wallbrook Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Roane Blaney.

(a) Residence: No. 3205 Wallbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Blaney

6. DATE OF BIRTH (month, day, year) Aug 18, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

13. NAME Harry E. Roane.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Jane Hughes.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Ruth Blaney

(Address) 3205 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan. 18. 1933

19. UNDERTAKER Wm. J. Baker & Sons

(Address) North & Pennsylvania Aves

20. FILED ... 19... Registrar

61933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1933 to Jan 15 1933

I last saw her alive on Jan 15 1933 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	1/15/33

Other contributory causes of importance:

Chronic

Contusion of Knee. Minor.

Occurred Jan. 9 1933

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) ... M. D.

(Address) ...

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86685 (Steele) ✓ E 86685

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto Hosp St. 43-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joe. W. Steele

(a) Residence: No. 2313 Avalon Pk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence P.

DATE OF BIRTH (month, day, year): Jan 24 1863

AGE: Years 69 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret Purch
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: F W Woolworth Co
10. Date deceased last worked at this occupation (month and year): Dec 1932
11. Total time (years) spent in this occupation: 18

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Joe Steele

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

15. MAIDEN NAME: Sarah Adams

16. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

INFORMANT: Mrs Steele
(Address) Pikesville

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan 18 1933

UNDERTAKER: Wm J Pickett & Son
(Address) Harford & Pa Ave.

DATE: 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 16 1933

I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on Jan 16 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	1 Year

Other contributory causes of importance:

Name of operation. No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (Signed) H C Davis M. D.
Coroner
(Address)

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86686 E 86686

CERTIFICATE OF DEATH X 110

Registered No.

1. PLACE OF DEATH Union Memorial Hospital St. 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Spencer M. Birmingham

(a) Residence: No. St., Ward. Whitehall Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 25, 1908

8. AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
	24	3	21	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbia Mills
11. Total time (years) spent in this occupation Not known
12. Date deceased last worked at this occupation (month and year) Not known

13. BIRTHPLACE (city or town) (State or country) White Hall, Md.

MOTHER

14. NAME James M. Birmingham
15. BIRTHPLACE (city or town) (State or country) White Hall, Md
16. MAIDEN NAME Lula Miller
17. BIRTHPLACE (city or town) (State or country) Bel Air Md.

18. INFORMANT Mother (Mrs. James M. Birmingham)
(Address) White Hall Md

19. BURIAL, CREMATION, OR REMOVAL
Place White Hall Md Date Jan 18, 1933

20. UNDERTAKER Wm. J. Tittemary Son.
(Address) Moffett & Devine.
Huntington Williams Funeral Home

21. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Jan 16, 1933

I last saw h— alive on Jan 10, 1933 Death is said to have occurred on the date stated above, at 4 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pneumonia~~	?
~~Influenza~~	?
Multiple Abscesses of Lung (Probably Aspiration)	1-4-33
Tonsilitis	12-31-32
~~Other contributory causes of importance:~~	?
~~Pneumonia~~	1-8-33
Empyema - Rt.	1-8-33
Fibrinous Pleurisy - Lt.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W. Dana M. D.
(Address) Union Memorial Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86687

E 86687

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-W. 25 St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Edwin Peregoy

(a) Residence: No. 26 W 25th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy W. Peregoy

7. DATE OF BIRTH (month, day, year) May 20 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mrs. S. Gregory

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth MacFarlan

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Margaret Peregoy

(Address) 26 W 25

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 17 1933

19. UNDERTAKER Theodore Lilienau

(Address) 1 Thirty-Second St.

20. FILED JAN 16 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1932 to Jan 15th 1933

I last saw him alive on Jan 18th 1933 Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Hypertrophy	10 yrs

Other contributory causes of importance:

Acute dilitation, pulmonary Anemia.	2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George W. Gross M. D.

(Address) 28 W 25th St.

M. D. B. 1268-9

86688

HEALTH DEPARTMENT—CITY OF BALTIMORE

86688 E

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Riggs Ave 16-01 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederieka Kern

(a) Residence: No. 2810 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Kern

6. DATE OF BIRTH (month, day, year) Dec. 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME ? Dieringer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Christine Engelman

(Address) 1114 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Thurmont Md. Date Jan 17 1933

19. UNDERTAKER Wm H. Fisher Sons

(Address) Mech & Fawns

Huntington Pittsburgh Pa

JAN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932 to Jan 15, 1933.

I last saw h... alive on Jan 14 33 Death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of foot (Diabetic)	Dec. 1932
Other contributory causes of importance:	
Diabetes Mellitus	1926

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave.

-30—M. & T.—100 B—50L

86689

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 E 86689

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Foot of Race St. ST. 19-al WARD)

2-FULL NAME John Heinz.

(a) RESIDENCE NO 226 S.Gilmor St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ---mos.--- How long in U. S., if of foreign birth? 27 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, WIFE of HUSBAND of Catherine Heinz.

7 DATE OF BIRTH (month, day, and year) December 26, 1874

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58 57	11	11		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer, 040
(b) General nature of industry, business, or establishment in which employed (or employer) Balto.City Water
(c) Name of employer Department

10 BIRTHPLACE (city or town) (State or country) Hungary.

PARENTS

10 NAME OF FATHER John Heinz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary.

12 MAIDEN NAME OF MOTHER Anna Paul.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary.

14 Informant Catherine Heinz.(wife)

(Address) 226 S.Gilmore St.

15 Dec 6 1933, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing Dec.7,1932 Found January 14,1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) ....., M. D. Coroner

1/16/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. DATE OF BURIAL Jan. 17 1933.

20 UNDERTAKER Harry V. Dintaman ADDRESS 1161 Edmondson Ave.

M. D. B. 1268-9

86690 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86690

CERTIFICATE OF DEATH

82-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 W. Lombard St. St., 19-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine V. Chambers

(a) Residence: No. 1529 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frank Chambers

6. DATE OF BIRTH (month, day, year) Jan. 1, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Va.

13. NAME Daniel K. Pyle

14. BIRTHPLACE (city or town) Richmond (State or country) Va.

15. MAIDEN NAME Rachael M. Meyers

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Frank Chambers, Jr.

(Address) 711 W. University Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 17, 19 33

19. UNDERTAKER Henry H. Weitzke

(Address) 1707 Pennsylvania Ave.

20. Filed Jan 18 1933 Thurlington Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 1/7/, 1933, to 1/13/, 1933

I last saw her alive on 1/13/, 1933. Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1/7/33
(Origin unknown)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Ferry M. D.

(Address) 1529 W. Lombard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86691

CERTIFICATE OF DEATH

13 E 86691

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4219 Mary Ave. St. 27-04 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelm L. Krueger

(a) Residence: No. 4219 Mary Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Germany

13. NAME Frederick Krueger

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Christina Banchart

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Miss Minnie Krueger
(Address) 4219 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cemetery Date Jan. 18/33

19. UNDERTAKER Harry F. Waltzbe
(Address) 4101 Wheeler Ave.

20. FILED Hamilton Md. Jan 16 1933, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 32, 1932 to Jan 15, 1933

I last saw h alive on Jan 16, 1933 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Indefy
Other contributory causes of importance:	
Arteriosclerosis & Chronic Nephritis	Indefy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Richardt M. D.

(Address) 1126 Park Ave.

1933

D. H. 1268-9

86692 HEALTH DEPARTMENT—CITY OF BALTIMORE 86692

CERTIFICATE OF DEATH

94.002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apts 1000 Bl Ave Allan St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma B. Seager

(a) Residence: No. Cecil Apts St., 11th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of J. L. Seager

DATE OF BIRTH (month, day, year) July 19 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Father Alex. Hamilton Barnitz

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME of Mother Leonora Judek

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edw J. Seager

(Address) University Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Mass Cathedral Cem Date 1/17, 1933

19. UNDERTAKER Henry W. Tenking Sons Co

(Address) 3 McCulloh & Orchard Sts.

20. FILED JAN 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to Jan 15 1933

I last saw her alive on Jan 15, 1933. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobaris.	
& Myocardial	Jan 9
Insufficiency	
Other contributory causes of importance:	
Coronary Thrombosis	—
Suddenly	

Name of operation None Date of

What test confirmed diagnosis? N. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Chas T. Mace M. D.

(Address) 504 Cathedral St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86693

V 10 -001 E 86693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2415 Forest Park Ave ST., 15-28th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myra Jean Blackburn

(a) RESIDENCE NO. 2415 Forest Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) July 4 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Melvin O. Blackburn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Baker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

Informant Melvin O. Blackburn
(Address) 217 S. Conkling St

Filed 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 15, 1933, that I last saw h alive on Jan 15, 1933, and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Agglutination

(Signed) A C. Smith, M. D.

Jan 15 1933 (Address) 4309 Gibury Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan 17 1933

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

. D. B. 1268-9

6694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86694

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 1349 West 42 St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Walter Murphy

(a) Residence: No. 1349 West 42 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henriette Murphy

DATE OF BIRTH (month, day, year) Aug 26 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	20 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME French A Murphy

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME Ella Crawford

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Hettie V Murphy

(Address) 4104 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 18. 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

FILED JAN 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May . 1932 to Jan. 15 . 1933

I last saw him alive on Jan. 12 . 1933 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	

Other contributory causes of importance:

Nephritis	May 1932

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Martin . M. D.

(Address) 4037 Falls Road

ec.—2-29-28—L. F. S.—500 Bks.

E 86695 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86695

CERTIFICATE OF DEATH

95-002

25-01

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3210 Hartsfield Rd ST. ..... WARD)

2—FULL NAME B. Virginia Tucker

(a) RESIDENCE NO. 3210 Hartsfield Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Armstead Tucker

DATE OF BIRTH (month, day, and year): May 9, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
59	59	- 8	- 5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

BIRTHPLACE (city or town) (State or country): Halifax Va.

10 NAME OF FATHER: William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eliza Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

Informant: Armstead Tucker (Husband)

(Address) 3210 Hartsfield Rd

Filed: 1-17-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14, 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1932, to Jan 14, 1933,

that I last saw h(e)(r) alive on Jan 14, 1933

and that death occurred, on the date stated above, at 8 50 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary): Hypertensive Cardio-Vascular Disease

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Physical & Lab.

(Signed) George W. McDonald, M. D.

. 19 (Address) 900 N Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/17 1933

20 UNDERTAKER: Samuel T. Hemsley

ADDRESS 578 W Biddle

D. B. 1268-9

696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86696

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N Carey St 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carlos Hagans

(a) Residence: No. 1111 N Carey St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 14 1922

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Roy Hagans

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME OF MOTHER Emma Jackson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Roy Hagans

(Address) 1111 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Jan 19 33

19. UNDERTAKER Clement Wright

(Address) 1111 N Carey St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

27. DATE OF DEATH (month, day, year) Jan 16 1933

28. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Jan 16 1933

I last saw him alive on Jan 16 1933 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	Jan 4

Other contributory causes of importance: —

Name of operation No Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9

E 86697 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 108 E 86697

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 203 N. Fremont Ave St. 1 Ward)

ngth of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Campbell

(a) Residence: No. 203 N. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced) HUSBAND of (or) WIFE of Rita Campbell

DATE OF BIRTH (month, day, year) Nov 26-1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Arthur Campbell

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rita Campbell
(Address) 203 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hasterlik S.C. Date Jan 19 1933

19. UNDERTAKER Joseph A Lively
(Address) 1601 N. Mount Street

20. FILED Jan 19 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. (a) Lobar Pneumonia	
(b)	
(c)	
(d)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Talbot M. D.
Coroner

(Address) 1 W. 29 Gaston Ave

. D. H. 1268-0

86698 HEALTH DEPARTMENT—CITY OF BALTIMORE 86698

CERTIFICATE OF DEATH

V 89-001

1. PLACE OF DEATH President Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1514 Dunmore St. 23-01 Ward)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Hammond

(a) Residence: No. 1135 S. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Sing

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 23, 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	14 mos	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles Hammond

14. BIRTHPLACE (city or town) Ga
(State or country)

15. MAIDEN NAME Otis Hartsfield

16. BIRTHPLACE (city or town) Ga
(State or country)

17. INFORMANT Otis Hammond
(Address) 1135 Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 18, 1933

19. UNDERTAKER Joseph A. Lively
(Address) 409 N. Mount Street

20. FILED ..... 19..... [illegible]

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1932 to 1-15 1933

I last saw h[illegible] alive on 1-15 1933 Death is said to have occurred on the date stated above, at 4:20 [illegible]m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Scalp	12-5-32
Other contributory causes of importance: Otitis media	12-1-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. Harris, M. D.

(Address) President Hosp

LaCo. 5-31 250B

86699 HEALTH DEPARTMENT—CITY OF BALTIMORE 86699

CERTIFICATE OF DEATH V 131

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Myrtle Ave St. 7-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Newman

(a) Residence: No. 1011 Myrtle Ave St., Ward.
(If non-resident give city or town and State)

(b) Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Newman

DATE OF BIRTH (month, day, year) Nov 4, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

13. NAME OF FATHER Richard Wilson

14. BIRTHPLACE (city or town) (State or country) Tuckerton

15. MAIDEN NAME OF MOTHER Matilda

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Helen Brown

(Address) 1011 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 18. 1933

19. UNDERTAKER Joseph A. Lisby

(Address) 440 N. Monroe Street

20. FILED Jan 17 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Jan 15 1933

last saw h[illegible] alive on Jan 14 1933 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1930
Nephritis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, how?

(Signed) H. Casey M. D.

(Address) 757 Lexington

E 86700

700 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Naomi Agnes Ziegler

(a) Residence: No. 1971 Pearlman Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 27 - 1931

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... NO.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Herbert Ziegler

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Pearl Velters

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Jan 18 1933
Place London Park

19. UNDERTAKER C. Henry Lutz
(Address) 1203 N. Broadway

20. FILED ... 1933 ... Registrar.

JAN 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from JAN 14 1933 to JAN. 15 1933

I last saw h... alive on JAN 15, 1933 Death is said to have occurred on the date stated above, at 12 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis - Coma - Gangrene	?
Bronchopneumonia	

Coroner

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Suzanne Herlinj ... M. D.

(Address) Union Memorial Hosp

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86701

V 34 E 86701

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-01 Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Everatt Chester

(a) Residence: No. 301 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sadie Chester

DATE OF BIRTH (month, day, year): Dec 17/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto., Md.

13. NAME: Jeremiah Chester

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

15. MAIDEN NAME: Josephine Dulvis

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

INFORMANT: Jeremiah Chester

(Address): 937 N. Durham St

BURIAL, CREMATION, OR REMOVAL: Baltimore County Date Jan 17, 1933

UNDERTAKER: M. P. Elliott

(Address): 1129 N. Carlton St

FILED JAN 17 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 9.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	
Other contributory causes of importance:	
History of treated Syphillis	
Lymph Nodes etc	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Ennis Coroner . M. D.

(Address) 508 E Hoffman Ave

H. D. B. 1268-9

86702 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86702

V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md University Hosp 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie C. Goodrich

(a) Residence: No. 1704 Marshall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William A Goodrich

DATE OF BIRTH (month, day, year) May 28 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Samuel Eaton

14. BIRTHPLACE (city or town) (State or country) Parkersburg W Va

15. MAIDEN NAME Mary Eaton

16. BIRTHPLACE (city or town) (State or country) Penn.

INFORMANT William Goodrich

(Address) 1704 Marshall St

BURIAL, CREMATION, OR REMOVAL

Place Mt Lucas Date Jan 17 1933

UNDERTAKER Wm. E. Conroy

(Address) 162 W. Lexington St

N 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Jan 16, 1933

I last saw her alive on Jan 16, 1933. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1933
	Jan 10,
Other contributory causes of importance:	
Pulmonitis	Jan 14,

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William E Brown M. D.

(Address) University Hospital

M. D, B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86703

CERTIFICATE OF DEATH

93 E 86703

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1625 Balt. St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calet Bartell

(a) Residence: No. 1625 Balt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Bridget Bartell

6. DATE OF BIRTH (month, day, year) Feby 13th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83.	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Calet Bartell.

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Mary Knight

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Loretta Maddox.
(Address) 1625 Balt Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 1/18 19 33

19. UNDERTAKER John J Cowdrey Son
(Address) 901 Eastern Ave.

20. FILED 1/17 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/7 1933 to 1/15 1933

I last saw h alive on 1/15 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	?
Nephritis	
Other contributory causes of importance:	
Arteriosclerosis	4 Yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J Feeney M. D.

(Address) 910 W Lombard

1/17/1933

Cor.—10-10-29—A Co.—100 Blks.

E 86704

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 86704

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bon Secours Hospt. St., 19-01 Ward)

2-FULL NAME Frederick J. Hinder, Jr.

(a) RESIDENCE NO. 1412 W Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 12. 1860

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
73.	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R. Co
(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.
(State or country) Fred. J. Hinder Sr.

PARENTS

10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)
12 MAIDEN NAME OF MOTHER Jane O'Rourke
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs L. Frere Hinder Towson, Md
(Address) 211 W. Chesapeake Ave

15 Filed 1-17 1933 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Symptoms & Signs

(Signed) Guy H. Cornwell M. D.

1/16. 1933 (Address) 703 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL 1/18/1933

20 UNDERTAKER John J. Cowan & Son — ADDRESS 901 Hollins St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86705

CERTIFICATE OF DEATH.

34 E 86705

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Riggs Ave. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edgar Thompson.

(a) RESIDENCE. No. 2727 Riggs Ave. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose (Rosalie) Thompson

6 DATE OF BIRTH (month, day, and year): 11-18-1897

7 AGE: Years 35; Months 1; Days 29; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pefe fitter

(b) General nature of industry, business, or establishment in which employed (or employer): unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ford Md

12 MAIDEN NAME OF MOTHER: Mary Mahaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ford Md

14 Informant (Address): Mrs. Edgar Thompson 2727 Riggs ave

15 Filed NOV 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16th. 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 16, 1933, that I last saw him alive on Jan 15, 1933, and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Aortic Aneurysm.

(duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? none. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical examination

(Signed) W. Michel, M. D.

Jan 16 1933 Address) 2901 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 1/18/33 1933

20 UNDERTAKER: A. Bialkowski Sons

ADDRESS 1136 Poplar Grove St

D. B. No. 86706

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 86706

11-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Annabella Weber

(a) Residence: No. 507 North Point Rd. St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Child.

7. DATE OF BIRTH (month, day, year) March 25 1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

13. NAME Joseph Weber.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Brannock

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr. Joseph Weber

(Address) 507 N. Point Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem Date Jan. 17 1933

19. UNDERTAKER J. A. Moran.

(Address) 3000 E. Baltimore St

FILED JAN 17 1933 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1933 to Jan 15 1933

I last saw h.. alive on Jan. 15 1933 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (?)	Dec 1932
Brain Abscess	11/4/32 (?)
Bronchopneumonia	1/13/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. M. L. Currie M. D.

(Address) University Hospital

D. B. 1268-9

86707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86707

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 12-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 18 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clyde Mc Knight

(a) Residence: No. 215 E 23rd St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Mc Knight

DATE OF BIRTH (month, day, year) Dec 14, 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick layer worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Charles Mc Knight

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mary Norris

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Sarah Mc Knight

(Address) 215 E. 23rd St.

BURIAL, CREMATION, OR REMOVAL

Place Kannapolis, N.C. Date Jan. 18, 1933

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N Schroeder St.

FILED JAN 17 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 15, 1933

I last saw him alive on Jan 15, 1933 Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio renal disease	1927
Other contributory causes of importance: Cerebral hemorrhage	1930
Ruptured aorta aneurysm	Jan 15, 1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William E Brown, M. D.

(Address) Union Hospital

30—M. & T.—100 B—50L

86708

E 86708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump. ST 25-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Henry.(C)

(a) RESIDENCE NO Westport Dump. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Do not know.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) Do not know.

8 AGE: Years 30 ~~395~~ mo. Months ---------- Days ---------- If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Do not know. Virginia?

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Police Report. S.D.

(Address)

15 Filed 1-17 1933 192 Huntington, W. Va. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis.
Aortic Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

1/18/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olive Cemetery

DATE OF BURIAL: 1-21 19 33

20 UNDERTAKER: Commissioner Health

ADDRESS

Re Issued 6072

30—M. & T.—100 B—50L

36709 E 36709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 317 S. Sharp St. 22-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smith. (C)

(a) RESIDENCE NO 317 S. Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Don not know.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ----------

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years 65 | Months ---- | Days ---- | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Police Report. S. D.

(Address)

15 Filed JAN 17 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atherio sclerosis.
Acute dilatation of the heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Einhard, M. D. Coroner

1/18/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J. H. Med College

DATE OF BURIAL: Jan 17 1933

20 UNDERTAKER: Commissioner Health

ADDRESS

Burlington Wilcox, Registrar

60718

86710 ✓ E 86710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E. Baltimore St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William P. Ryan

(a) Residence: No. 1825 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary V. Clarke

7. DATE OF BIRTH (month, day, year): June 21, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Columbia Specialty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER'S FATHER'S

13. NAME: Timothy Ryan

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

15. MAIDEN NAME: Mary W. Shortall

16. BIRTHPLACE (city or town) (State or country): ------- Ireland

17. INFORMANT: Mrs. Mary V. Ryan
(Address) 1825 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: 1/18 1933

19. UNDERTAKER: Henry U. Mears and Son
(Address) 805 N. Calvert Street

19. FILED JAN 17 1933 Huntington Pollitt, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 15, 33

22. I HEREBY CERTIFY, That I attended deceased from June 6, 33 to June 15, 33

I last saw him alive on June 15, 1933 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Pneumonia	
(b) Chronic Myocarditis	X

Other contributory causes of importance:

Coronary thrombosis	
Cystitis	1

Name of operation: ~ Date of: ~

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Gross, M. D.

(Address) 622 N. Jones St

M. D. B. 1268-9

86711 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86711

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Elmer L. Keil

(a) Residence: No. 506 Campbell Ave St., ... Ward.
(Usual place of abode) Baltimore Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara Kibler Keil

6. DATE OF BIRTH (month, day, year) April 2 - 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hughesville Pa

FATHER

13. NAME Harry L. Keil

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mahala Reese

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Funeral Pa Date Jan 12 1933

19. UNDERTAKER A. R. Myers and Sons
(Address) 38 E. Fayette

JAN 17 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 —, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1932, to 1/16, 1933

I last saw him alive on 1-16, 1933. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Pleural Cavity	1932
Other contributory causes of importance: Myocarditis, Senile	
Cachexia	
Bronchial Pneumonia	1/15/33

Name of operation Thoracostomy Date of 1/10/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) L. L. Keil, M. D.

(Address) Md. General Hospital

Spec.—1-12-23—M&T—500 Blks.

86712

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86712

53

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Belvedere, ave. St. 07-01 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David R. Perkins

(a) RESIDENCE NO. 3015 Belvedere, ave. St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence B. Perkins

DATE OF BIRTH (month, day, and year) Sept. 5, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	71	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Goldsboro, N. C.

10 NAME OF FATHER Samuel Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Goldsboro N. C.

12 MAIDEN NAME OF MOTHER Martha Pike

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Goldsboro N. C.

14 Informant (Address) Florence B. Perkins 3015 Belvedere, ave.

Filed 7 1933, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15 1933

17 I HEREBY CERTIFY, That I attended deceased from about Sept. 1932, to Jan. 15th 1933.

that I last saw h[e] alive on Jan 15th 1933

and that death occurred, on the date stated above, at 6:10P m.

The CAUSE OF DEATH* was as follows:

Lymphio-Sarcoma

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of OCT 1932

Was there an autopsy? No

What test confirmed diagnosis? Examination of Glands

(Signed) Alex A Weinstock, M. D.

1/16, 1933 (Address) 4602 Park Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 1/18 1933

20 UNDERTAKER Frederick A. Cole

ADDRESS 1300 W. Lombard

M. D. B. 1268-9

86713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 86713

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Church Home + Infirmary — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W Holzman

(a) Residence: No. 2933 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Anna B. Holzman

6. DATE OF BIRTH (month, day, year) Aug. 21, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mattress maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Herman Holzman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Wilhelmina B. Holzman
(Address) 2933 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Date Jan. 18 1933

19. UNDERTAKER H. Sidney Sons
(Address) 1610 Edmondson Ave.

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933 to Jan. 15, 1933
I last saw him alive on Jan. 15, 1933 Death is said to have occurred on the date stated above, at 10:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (non-epidemic)	Nov. 25 '32
Arteriosclerosis	?
Other contributory causes of importance:	
Bronchopneumonia	1/12/33

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. Webber Young M. D.

(Address) Church Home & Infirmary

D. B. 1268-9

86714 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 86714

Registered No.

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 18 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chris. Frankia

(a) Residence: No. 947 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Margaret Frankia

6. DATE OF BIRTH (month, day, year) Sept. 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Charles C. Franke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Sophia Kaerr

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. M. Prescott

(Address) 2708 Wilkens Ave

BURIAL, CREMATION, OR REMOVAL

Place Fairview Date Jan. 19, 1933

UNDERTAKER Harry F. Pulsifer

(Address) 1101 Edmondson Ave

FILED JAN 17 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1933 to 1-16-1933

I last saw h was alive on 1-16-1933 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease?	
Congestive failure	12-14-32
Other contributory causes of importance:	
Bronchial pneumonia	1-14-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. D. Ahroon, Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

(Morley Ave)

HEALTH DEPARTMENT—CITY OF BALTIMORE

86715 86715

CERTIFICATE OF DEATH

1/08

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dana Wilmer Roe

(a) Residence: No. 20 Morley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10 - 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi

10. Date deceased last worked at this occupation (month and year) January 10 1933

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Foxboro Mass

MOTHER FATHER

13. NAME Mr Irving A Roe

14. BIRTHPLACE (city or town) (State or country) Foxboro Mass

15. MAIDEN NAME Mrs Rena Smyth

16. BIRTHPLACE (city or town) (State or country) St John New Brunswick

17. INFORMANT Mr Irving A Roe

(Address) 1531 N. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Jan 19 1933

19. UNDERTAKER Harry V. Eutzler

(Address) 4101 Edmondson Ave.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17 1933

22. I HEREBY CERTIFY, That I attended deceased from January 13 1933 to January 17 1933

I last saw h.. m alive on January 17 1933 Death is said to have occurred on the date stated above, at 3 45 Am.

The principal cause of death and related causes of importance were as follows:

Pneumonia. — Date of onset 1/9/33

(Acute)

Other contributory causes of importance:

Toxemia. — 1/15/33

Name of operation None Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M.D.

(Address) Md. General Hospital

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86716

86716

CERTIFICATE OF DEATH

St. Agnes Hospital 93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sarah Jane Abernathy Ward) 19 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Jane Abernathy

(a) Residence: No. 1413 (Usual place of abode) Lombard St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Geo. Abernathey

DATE OF BIRTH (month, day, year) Nov. 30, 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Isaac Hawkins

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT Mrs. Katie E. Skaggs

(Address) 1413 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Rockville, Md. Date Jan. 18, 1933

UNDERTAKER Harry D. Pritchett

(Address) 41 E. Edmondson Ave.

Huntington Hills Registrar.

Filed 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1933 to Jan. 17, 1933

I last saw her alive on Jan. 17, 1933 Death is said to have occurred on the date stated above, at 12.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Bronchial pneumonia	about 1/2/33

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Van Arsdale M. D.

(Address) St. Agnes Hos

M. D. B. 1200-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 86717

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 107-021 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Anthony Farinas

(a) Residence: No. 146 N Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-21-32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Helen Seeberger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 18, 1933

19. UNDERTAKER Martin W. Dolfield Sons

(Address) 27 S Paca St.

20. FILED Huntington Wilbeck, M.D. JAN 17 1933 R. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933 to Jan 17, 1933

I last saw him alive on Jan 17, 1933. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-6-33
Bronchitis	1-3-33

Other contributory causes of importance:

Upper respiratory infection	12-30-32
Bilateral otitis media	1-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Edward F. Milan M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

(Travers)

HEALTH DEPARTMENT—CITY OF BALTIMORE

86718 ✓ E 86718

CERTIFICATE OF DEATH

54-004

1. PLACE OF DEATH Balto City Hospitals Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Travers

(a) Residence: No. 3138 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Mae Travers

6. DATE OF BIRTH (month, day, year) 3/1/1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md

13. NAME OF FATHER Joseph Travers

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME OF MOTHER Mary Cheney

16. BIRTHPLACE (city or town) (State or country) Davenport Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date 1-19-33
Place Evergreen Hill Cem. Laurel Md.

19. UNDERTAKER D. C. Waters & Co.
(Address) Laurel Md.

20. FILED 1-19-33 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20 . 1932 to 1-17 . 1933

I last saw him alive on 1-17 . 1933 Death is said to have occurred on the date stated above, at 5-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor	
Carbuncle neck	
Bronchopneumonia	1-03

Other contributory causes of importance:

Name of operation Exploratory Chisel Date of 12-24

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Lowe Lefever M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86719

CERTIFICATE OF DEATH

E 86719

Registered No. 71-001

. PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital 4-07 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ....yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

. FULL NAME Lollie C Grimes

(a) Residence: No. E Cheatt City St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George E Grimes

DATE OF BIRTH (month, day, year) Nov. 4, 1881

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 1/2

BIRTHPLACE (city or town) (State or country) Mary land

13. NAME John Burke

14. BIRTHPLACE (city or town) (State or country) Mary land

15. MAIDEN NAME Margaret Tucker

16. BIRTHPLACE (city or town) (State or country) Mary land

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Good Shepherd Cem Date Jan. 19 1933

UNDERTAKER Eareton Sons

(Address) Edmonds City

Huntington Subway, W. Va.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1932 to Jan 16 1933.

I last saw h[illegible] alive on Jan 16, 1933. Death is said to have occurred on the date stated above, at 2.34 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anaemia	1930
Other contributory causes of importance:	
Myocardial insufficiency	1933
Pneumonia	

Name of operation ....Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) William E Brown M. D.

(Address) University Hospital

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86720

86720

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 17-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Appel

(a) RESIDENCE NO 2920 Wymans Parkway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Appel

7 DATE OF BIRTH (month, day, and year) Jan. 28 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	11	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work President
(b) General nature of industry, business, or establishment in which employed (or employer) Plumb Supplies
(c) Name of employer Appel & Klotzbach

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Henry I. Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Meta Freitag

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Mrs. Mary T. Appel

(Address) 2920 Wymans Parkway

Filed ....., 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Secondary) Sudden (duration) About 1 yrs. mos. ds.

CONTRIBUTORY Coronary Thrombus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? His Physicians

(Signed) James McFeeley, M. D. Coroner

1933 (Address) 1006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan. 18 1933

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86721 E 86721

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. 20-61

CITY OF BALTIMORE: (No. German Aged Home St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Edvington

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) August 4, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hanover
(State or country) Germany

13. NAME Ernest Haase

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Elisa Lutz

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT German Aged Home Records
(Address) Baltimore & Payson Sts.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Jan. 18 1933

UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6— 1933 to Jan 16— 1933

I last saw her alive on Jan 16th 1933 Death is said to have occurred on the date stated above, at 1.15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/6/33
Arteriosclerosis —	2,

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

1/17/33 (Signed) E. Hellen Hemming M. D.

(Address) 2000 Hollins St.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

6722 E 86722

CERTIFICATE OF DEATH

X 89-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital 9-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Westendorf (Frank Millard Westendorf)

(a) Residence: No. First & Central Aves. Glendale, Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

7. DATE OF BIRTH (month, day, year): January 9, 1921

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	-	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Frank Westendorf

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Edith May Shultz

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Miss Ida Leister

(Address): Ferndale, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Cem. Date: Jan. 20 1933

19. UNDERTAKER: Chas. H. Cook

(Address): 1003 N. Baltimore St.

Huntington Williams, M.D., Registrar.

FEB 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933 to Jan 17, 1933

I last saw h alive on Jan 17, 1933. Death is said to have occurred on the date stated above, at 3 56/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis (left)	1/11/33
Cerebrospinal Meningitis (streptococcus)	1/14/33

Other contributory causes of importance:

none

Name of operation: Left Mastoidectomy Date of: 1/13/33

What test confirmed diagnosis: Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranski M. D.

(Address) Lyndenham Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86723 E 86723

CERTIFICATE OF DEATH

Registered No. 151

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Meijers

(a) Residence: No. Alexandria St., Va Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan. 18, 1933

UNDERTAKER Wm C. Black

(Address) 923 E. Broadway

Huntington Williams, M.D.

Registrar.

7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1933 to 1-16, 1933

I last saw h[illegible] alive on 1-16, 1933 Death is said to have occurred on the date stated above, at 8.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extension Carbuncle of neck	?
Septicemia	1-14-33
Post operative Shock	1-15-33

Other contributory causes of importance:

Name of operation Excision Carbuncle Date of 1-14-33

What test confirmed diagnosis? C.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Bruce Schaefer M.D.

(Address) Balto City Hospitals

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 86724

E 86724

CERTIFICATE OF DEATH

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital 27-21 (Ward)

2-FULL NAME George H. Yarger

(a) RESIDENCE NO. 3318 Belvedere Av Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Albina Yarger

6 DATE OF BIRTH (month, day, and year) May 7th 1870

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Peoples Court
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Yarger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Albina Yarger
(Address) 3318 Belvedere av

15 Filed ....., 19..... Registrar

71933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? auto he was riding in collided with another 1/16/33

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Tokarz, M. D.

, 19 (Address) 2200 E Monument St cor Monroe St nr Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 19th 1933

20 UNDERTAKER Wm Cook 1217 St — ADDRESS Paul St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86725

CERTIFICATE OF DEATH

E 86725

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen'l Hospital (St.) (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph W. Kuhns

(a) Residence: No. 5310 Winner Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~last WIFE of~~ Vinnie Kuhns

6. DATE OF BIRTH (month, day, year) June 16th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year) ~~—~~

11. Total time (years) spent in this occupation ~~—~~

12. BIRTHPLACE (city or town) (State or country) Arkansas

13. NAME Joseph E. Kuhns

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lilly Gilbert

16. BIRTHPLACE (city or town) (State or country) Fred. Co. Md

17. INFORMANT Vinnie Kuhns

(Address) 5310 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodberry M. E. Reis Town Md Date Jan 19th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 17 1933 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... Jan ..., 19...

I last saw h... alive on ... Jan ..., 19... Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Edema	

Other contributory causes of importance:

Name of operation ... Date ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

aCo. 5-31 250E

HEALTH DEPARTMENT—CITY OF BALTIMORE

86726

E 86726

CERTIFICATE OF DEATH

121

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. South Baltimore Gen Hospital St. 21 Ward)

ngth of residence in city or town where death occurred 20 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Mrs Theresa Prestianni

(a) Residence: No. 115 W Base St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, ~~widowed, or divorced~~
(or) WIFE of Nunzio Prestianni

DATE OF BIRTH (month, day, year) June 9 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Michael Cupi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Josephine Cerniglia

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Thomas Cupi

(Address) 927 N. Patterson Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 19 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/7/33, 1933 to 1/16, 1933

I last saw her alive on 1/16 1933 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Appendecites	
Other contributory causes of importance:	
Diffuse Peritonites	
Intestinal Obstruction	

Name of operation Appendectomy - Drainage of 1/7/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) So Balto General Hosp.

M. D. B. 1268-9

86727

E 86727

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 134

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Archibald Street

(a) Residence: No. Spring Mount, Penna. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) December 13, 1900

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinary seaman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-26-19

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME George Street

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Sophie Herzog

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Philadelphia, Pa. Date Jan 18, 1933

19. UNDERTAKER Raymond Logan

(Address) 3617 Christian St

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1923, to January 17, 1933

I last saw him alive on January 17, 1933. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis chronic hypertrophic	1919
Calculus, renal, left	1919
Uremia	1-10-33

Other contributory causes of importance:

Name of operation Nephrolithotomy Date of 1-10-33

What test confirmed diagnosis? Phy. exam. & oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital

ACo. 5-31 250B

6728 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86728

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-84 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Alice Flook.

(a) Residence: No. Annie Wells Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar B. Flook.

7. DATE OF BIRTH (month, day, year) June 2, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Noah E. Penn.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Magdalene Smith

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Oscar B. Flook.
(Address) Dolfield R.F.D. Owings Mills

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Funeral Home Date Jan 20 1933

19. UNDERTAKER Chenoweth & Lee

(Address) 3615 W. Belvedere Ave

20. FILED JAN 18 1933 Huntington Indiana, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14. 1933, 19..., to Jan. 17, 1933, last saw h[illegible] alive on Jan. 17, 1933, death is said to have occurred on the date stated above, at 11 5/ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-16-33

Other contributory causes of importance:

Pneumonia	
Gangrenous appendicitis	

Name of operation Appendectomy Date of 1-14-33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Rogers, M. D.

(Address) W. B. & A.

D. H. 1268-0

86729 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86729

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Riggs Av St. 16-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Smith

(a) Residence: No. 1302 Riggs Av. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Smith

Dont Know
DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Maria King

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Elizabeth Newman

(Address) 1302 Riggs Av.

BURIAL, CREMATION, OR REMOVAL

Place W. Auburn Date 1/18/ 33

UNDERTAKER Mrs. Geo. E. Holland

(Address) 1923 Druid Hill Ave

FILED JA 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3. 1933 to Jan 16. 1933

I last saw her alive on Jan 16. 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance:	
Chr. Interstitial Nephritis	1931
none	

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Brown M. D.

(Address) 663 W. North Ave.

D. B. 1268-9

Curry

HEALTH DEPARTMENT—CITY OF BALTIMORE

6730 E 86730

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

Length of residence in city or town where death occurred 17 Months How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Curry

(a) Residence: No. 26 Frederick St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of unmarried

6. DATE OF BIRTH (month, day, year) Oct 8, 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Ga

13. NAME Robert Curry

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mary Dean

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/18/33

19. UNDERTAKER Mrs. Eug. H. Hebb

(Address) 1631 Druid Park Drive

20. FILED 1/18/1933 Huntington W. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1933 to June 12, 1933

I last saw him alive on June 12, 1933 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - 9th Dorsal	1931
Genital Tuberculosis	1931
Adenitis Terminal Bilateral	
Other contributory causes of importance: Peritonitis Tuberculous	1932
Pneumonia-Broncho	June 1933

Name of operation Application of Body Cast Feb 1932

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Boyce Schaefer, M. D.

(Address) Balto City Hospitals

D. B. 1268-9

E 86731

86731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Goldfarb

(a) Residence: No. 3510 Cottage Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Irving Goldfarb

DATE OF BIRTH (month, day, year) 1904

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	29			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benjaman Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Blum

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Irving Goldfarb
(Address) 3510 Cottage Ave

BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem Date 1-18-33 19

UNDERTAKER Leach Leigh Inc
(Address) 1438 E. Balto St

FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 17, 1933

I last saw her alive on Jan 14, 1933. Death is said to have occurred on the date stated above, at 6 A.M. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	8 days

Other contributory causes of importance:

Hydropneumothorax — Etiology Undetermined	3 weeks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

D. H. 1268-9

732 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86732

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 36 yrs. mos. ds.

2. FULL NAME Bessie Kramer

(a) Residence: No. 2323 Linden ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isreal Kramer

DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Isreal Kramer

(Address) 2323 Linden Ave

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cem Date 1-18-33. 19

UNDERTAKER Jack Levis Inc.

(Address) 1439 E. Baltimore St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 17, 1933

I last saw her alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 4 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel E. Bogorad, M. D.

(Address) Sinai Hospital

D. B. 1268-9

6733

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26733

92-001V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1339 N. Mount St. 15-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sarah Bosley

(a) Residence: No. 1339 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Edward Bosley.

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackstone Va

13. NAME Richard Coleman

14. BIRTHPLACE (city or town) (State or country) Blackstone Va

15. MAIDEN NAME Clarissa Gray

16. BIRTHPLACE (city or town) (State or country) Blackstone Va

17. INFORMANT Edward Bosley

(Address) 1339 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/18 1933

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 Mosher St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1933 to Jan 16 1933

last saw her alive on Jan 16 1933. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1930

Other contributory causes of importance:

Indigestion

Name of operation none Date of ...

What test confirmed diagnosis clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Fred Woolridge M. D.

(Address) 703 N Hoffman Ave

D. B. 1268-9

Sinclair

6734 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86734

CERTIFICATE OF DEATH

V 157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Sinclair (Charles R. Jr.)

(a) Residence: No. 5315 Hamlet Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/2/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Baby Sinclair

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Alice Pickard

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 18, 1933

UNDERTAKER Wm. G. Black
(Address) 927 N. Broadway

FILED Jan 18 1933, 19.. Thurlow Whitelock, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1933, to 1/17, 1933.

I last saw h.. alive on 1/17, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Small intestine due to congenital bond	2

Other contributory causes of importance:

Name of operation Exploratory laparotomy, resection of bond Date of 1/17/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Mercy Hospital

c. 2-29-28—L. F. S.—500 Bks.

E 86735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 IV E 86735

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lincoln Hospital ST. 7-01 WARD) .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Henrietta Jones Johnson

(a) RESIDENCE NO. 1012 Rutland Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Newton Johnson

6 DATE OF BIRTH (month, day, and year) Nov. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61 62	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Mr. Andrew Jones

(Address) 1014 Rutland Ave.

Filed ..... 19 ..... Registrar .....

JAN 18 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—16—33

17 I HEREBY CERTIFY, That I attended deceased from 1—12 1933 to 1—16 1933

that I last saw her alive on 1—16—33

and that death occurred, on the date stated above, at 8:55 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal Disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

1/17, 1933 (Address) 425 N. Caroline St.

*State the Disease Causing Death, as in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Evergreen Cemetery

20 UNDERTAKER Mrs. J. G. Lake

DATE OF BURIAL Jan. 19, 1933

ADDRESS 1302 Jefferson St.

M. D. B. 1268-9

86736 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86736

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH St. Josephs Hosp

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Knott

(a) Residence: No. 602 N. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward J. Knott

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Ora Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Edward J. Knott

(Address) 602 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 18th 1933

19. UNDERTAKER Lilly & Gilden Sons

(Address) 4018 Wolfe St.

20. FILED ..... 19 ..... Registrar.

JAN 18 1933 Hartington Line Indiana, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933, to Jan 16, 1933

I last saw him alive on Jan 16, 1933 Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	1/8/33
Broncho Pneumonia	1/15/33
Exhaustion & Dehydration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Agnew M. D.

(Address) .....

D. B. 1268-9

86737 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86737

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 107-001 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dennison St. 22-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Elsie Robert Hill

(a) Residence: No. 631 Lee St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Sing

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/15/32

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	7 mos	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME M. Robert

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME none Recd

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Cora Hill

(Address) 631 Lee St.

BURIAL, CREMATION, OR REMOVAL.

Place Mt Zion Date 1/19/33 19..

UNDERTAKER Isaiah L Brown & Son

(Address) 1514 W Montgomery St

Huntington Williams N.Y.

FILED JAN 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 .1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6 .1933 to 1-18 .1933

I last saw h~~as~~ alive on 1-18 .1933 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) K. Harris M. D.

(Address) Provident Hosp.

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

86738

CERTIFICATE OF DEATH

45 E 86738

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 1/2 S Chester St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaw Dabczynski

(a) Residence: No. 7 1/2 S Chester St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of Henryetta Dabczynski

6b. DATE OF BIRTH (month, day, year) Feb 28 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Karol Dabczynski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Henryetta Dabczynski 7½ S Chester St (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 21 19 33

19. UNDERTAKER F. Borkowski Funeral Home (Address) 192

19. FILED JAN 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 14 1933 to January 16 1933

I last saw him alive on January 16 1933 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	May 1932

Other contributory causes of importance:

Pulmonary Edema
Chronic Myocarditis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Urenga M. D.

(Address) 209 S. Chester St.

—2-29-28—L. F. S.—500 Bks.

E 86739 ✓ E 86739

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

TY OF BALTIMORE: (No. 1606 E Monument St. WARD)

—FULL NAME Henry T. Howard

(a) RESIDENCE NO. 1606 E Monument ST. 7 WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	widower

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 1857

E.	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

CUPATION OF DECEASED

) Trade, profession or articular kind of work Laborer

) General nature of industry, usiness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) Balto, Md
State or country)

0 NAME OF FATHER unknown

1 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

2 MAIDEN NAME OF MOTHER unknown

3 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Sadie H Johnson

(Address) 1606 E Monument St

Filed JAN 13 1933 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16-33

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Jan 16, 1933, that I last saw h. alive on Jan 16, 1933 and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

Jan 17, 1933 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-20 1933

20 UNDERTAKER Front St. Marie Wright

ADDRESS 128 N. Eutaw

M. D. R. 1268-6

5740

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86740

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Montford Ave. St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERNARD KIMMERLE

(a) Residence: No. 318 S. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) March 23, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernhard Kimmerle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Bodein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elizabeth Kimmerle (Sister)
(Address) 318 S. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place First Evangelical Cem. Date Jan. 18. 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Per J. Sander
(Address) Baltimore St. & Broadway.

20. FILED JAN 18 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Jan. 15, 1933

I last saw him alive on Jan 11th, 1933. Death is said to have occurred on the date stated above, at 2.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 mos.
Other contributory causes of importance:	
Arteriosclerosis	6 mos

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. D. Kerr M. D.

1/14/33 (Address) 408 Saratoga Ave

D. B. 1268-9

6741 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 36741

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1607 McCullough St. [illegible] Ward)

ngth of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Della Speard

(a) Residence: No. 1607 McCullough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	married

If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Joseph Speard

DATE OF BIRTH (month, day, year) May 30-1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm Boyer Reels

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Markel

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

INFORMANT Donald Paine

(Address) 2005 Dr. Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Jan 18, 1933

UNDERTAKER Thomas E. Kelson

(Address) 130 Freestman St

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1933 to Jan 15, 1933

I last saw h[illegible] alive on Jan 14, 1933 Death is said to have occurred on the date stated above, at 2.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 9 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jane Brown M. D.

(Address) 1633 W. Lord Ave.

D. B. 1268-9

86742

HEALTH DEPARTMENT—CITY OF BALTIMORE

86742

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Topper

(a) Residence: No. North Bend Road, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of James Topper

DATE OF BIRTH (month, day, year) Oct 29, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Mullin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Cem. Date Jan. 19, 1933

19. UNDERTAKER Joseph F. Cook
(Address) 1005 W. Baltimore St.

20. FILED Jan 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933 to Jan 17, 1933

I last saw her alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 3.55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease - Cardiac Decompensation	?
Bronchopneumonia (Secondary)	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. T. Burns M. D.

(Address) Mercy Hospital

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86743

CERTIFICATE OF DEATH

108 E 86743

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore St., (Hospital) (Ward)

Registered No. 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B. Muller

(a) Residence: No. 6 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	—	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) ... ent in this ... ion

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME John B. Muller

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Isabella Kyhes

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT John B. Muller
(Address) 6 S. Gilmor

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 19 1933

UNDERTAKER F. Vernon Kehner
(Address) 163 Hollins

8 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Jan 16 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible] Lobar Pneumonia	2 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Funk Coroner, M. D.

(Address) ...

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86744 E 86744

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 641 W. Lombard St., 4-61 Ward)

ngth of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth 20 yrs. ..... mos. ..... ds.

. FULL NAME Anthony Yurkstas

(a) Residence: No. 641 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Yurkstas

DATE OF BIRTH (month, day, year) ? - 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Elizabeth Yurkstas
(Address) 641 W. Lombard St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 20 1933

UNDERTAKER John Grebliauckas
(Address) 423 S. Paca St

81933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1933 to January 17, 1933

I last saw him alive on January 13 1933 death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Six months ago
Other contributory causes of importance: Myocardial Insufficiency	Jan. 13 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs of dea th Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

I. B. Bronushas, by L. B. Bronushas

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell N

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86745 E 86745

CERTIFICATE OF DEATH

87-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3537 Roland Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nelson L. Eichelberger

(a) Residence: No. 3537 Roland Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single, Married, Widowed, or Divorced (write the word))
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joanna E. Eichelberger

6. DATE OF BIRTH (month, day, year): July 26-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Poole Eng & Mch. Co.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Thomas A. Eichelberger

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Ed. Lee

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs. Joanna E. Eichelberger

(Address): 3537 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: Jan 19 1933

UNDERTAKER: Horace F. Burgee

(Address): 3631 Falls Road

FILED: JAN 18 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 17. 1933

22. I HEREBY CERTIFY. That I attended deceased from Nov 10 1931 to Jan 17 1933.

I last saw him alive on Jan 16 1933. Death is said to have occurred on the date stated above, at 3.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliomyelitis	Nov 10. 31.

Other contributory causes of importance:

Name of operation: none Date of: —

What test confirmed diagnosis? Autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Kelly M. D.

(Address) 858 - W - 34

D. H. 1268-0

86746 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86746

CERTIFICATE OF DEATH

159 Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3-01 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME BABY JACKSON

(a) Residence: No. Johns Hopkins Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	13	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or ....min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

BIRTHPLACE (city or town) .... (State or country) Md

13. NAME MILTON GRAHAM 211 S. BETHEL ST

14. BIRTHPLACE (city or town) .... (State or country) VIRGINIA

15. MAIDEN NAME BERTHA JACKSON 211 BETHEL ST

16. BIRTHPLACE (city or town) .... (State or country) MARLAND

INFORMANT ....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Jan 18 19 33

UNDERTAKER ....
(Address)

FILED 1933 ....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1933, to Jan 8 19 33
I last saw h.. alive on Jan 8 19 33 Death is said to have occurred on the date stated above, at 6-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/8/33

Other contributory causes of importance:

Name of operation none Date of ....
What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ....

(Signed) Joseph H. Jack M. D.
(Address) Johns Hopkins Hospital

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86747.

CERTIFICATE OF DEATH

E 86747.

9-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1009 W. 38 St., 13-21 Ward)

ngth of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John H. Singer

(a) Residence: No. 1009 W. 38 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Singer

ATE OF BIRTH (month, day, year) Feb 22-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 11. Total time (years) spent in this occupation .....

9. Date deceased last worked at this occupation (month and year) .....

BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME William Singer

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Catherine Sheets

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

INFORMANT Mrs Ida V. Singer

(Address) 1009 W. 38 St

BURIAL, CREMATION, OR REMOVAL Woodlawn Date Jan 19 1933

UNDERTAKER H. S. Marshall

Address 2139 Eastern Ave

DATE 1933 Huntington Indiana Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1933 to Jan 17 1933

I last saw him alive on Jan 17 1933 Death is said to have occurred on the date stated above, at 6:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	Jan 13
Coronary Sclerosis	Chronic

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) C. H. Andrews M. D.

(Address) 850 W 36 St

aCo. 5-11 250B

86748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 E 86748

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Hollins St St. 14-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. McCoskrey

(a) Residence: No. 1508 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ella M. McCoskrey

6. DATE OF BIRTH (month, day, year) Oct. 2 - 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Shops.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME George McCoskrey

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

15. MAIDEN NAME Rebecca Derr

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Miss Jennie Crawford

(Address) 1508 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Frederick Md Date 1/19/33 19

19. UNDERTAKER Geo. L. Beyer Sr

(Address) 152 Hollins St

19. FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Jan 17, 1933

I last saw h alive on Jan 17, 1933 death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Jan 12/33

Other contributory causes of importance:

Pulmonary Edema

No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Norwood M.D.

(Address) 939 W Fayette St

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86749

86749

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1206 W. Cross St. 21-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Russell Taylor

(a) Residence: No. 1206 W. Cross St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Lizetta Taylor

6. DATE OF BIRTH (month, day, year) Sept 4-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year) 1/15/33

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Jas. W. Taylor

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Margaret McClenny

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lizetta Taylor

(Address) 1206 W Cross St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 1/20/1933

19. UNDERTAKER Geo H. Kemptburg

(Address) 1515 Lanvale St

20. FILED 1/18/1933 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 17, 19... to ... 17, 19... I last saw h... alive on ... 17, 19... Death is said to have occurred on the date stated above, at ... 1 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 17

Other contributory causes of importance: Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, (specify) ...

(Signed) ... M. D.

(Address) ...

30—M. & T.—100 B—50L

86750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86750

93-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Annapolis Rd. ST. 25-01 WARD)

2-FULL NAME Elmer E. Pflager.

(a) RESIDENCE NO 3300 Annapolis Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced, WIFE (or HUSBAND) of Elizabeth Pflager.

DATE OF BIRTH (month, day and year) August 30, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	4	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Boiler maker.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Louis Pflager.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Frances Saurs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Elizabeth Pflager. (wife)

(Address) 3300 Annapolis Rd.

Filed 8 1933 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 17, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

1/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/19 1933

20 UNDERTAKER J. H. Cook

ADDRESS 1212 E. Fayette

30—M. & T.—100 B—50L.

E 86751

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 E 86751

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 W.Lexington St. ST. 20-06 WARD)

2-FULL NAME Matthews W.Cunningham.

(a) RESIDENCE NO 2145 W.Lexington St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

6 If [redacted] widowed, [redacted] HUSBAND of [redacted] Mary L.Cunningham,

DATE OF BIRTH (month, day, and year) December 1,1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired B.& O.R.R. 93
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Michael Cunningham.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Murphy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Anna Fromm.(sister)

(Address) 2145 W.Lexington St.

Filed 1933, 192 Huntington Williams, M.D. C.H.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide, while deranged.
External Hemorrhage, cut throat with a razor.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [redacted], M. D. Coroner

1/18/33 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

20 UNDERTAKER [redacted]

DATE OF BURIAL 1/21, 1933

ADDRESS 1217 S. Fulton Ave

M. D. B. 1263-9

86752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Barclay St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Melville

(a) Residence: No. 3004 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Rose Melville

6. DATE OF BIRTH (month, day, year) Sept 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3 4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jas. Melville & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Charles H. Melville

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Anna R. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Geo. F. Melville

(Address) 3004 Barclay St

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Cem. Date 1/20, 1933

19. UNDERTAKER Leo A. Kain

(Address) 1213 Eutaw Place

Huntington Williams, M.D.
Registrar.

8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932 to Jan 17, 1933

I last saw h. alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	?
Other contributory causes of importance:	
Cardiac Decompensation (acute)	Jan 16 '33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. M. Gibbs M. D.

(Address) 24 W. Mt. Vernon Pl

pec.—9-30—A. & Co.—250 Bks

86753 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86753

CERTIFICATE OF DEATH.

15-01 127-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2141 Walbrook Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Louise Malone

(a) RESIDENCE NO. 2141 Walbrook Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of James J. Malone

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) California

10 NAME OF FATHER Thomas A Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Mrs J. Malone 2141 Walbrook Ave

1-18-1933 Huntington Williams M.D. Registrar R. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-33

17
I HEREBY CERTIFY, That I attended deceased from 1-16, 1933, to 1-18, 1933
that I last saw her alive on 1-17, 1933
and that death occurred, on the date stated above, at 3.42 A m.
The CAUSE OF DEATH* was as follows:

Intermuscular Hemorrhage of the Abdominal

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Vomiting of Fecal matter

(Signed) E Miles Schuchert M. D.

1-18-1933 (Address) 2129 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 1/21 1933

20 UNDERTAKER J. McCourt — ADDRESS 1217 Pennsylvania Ave

B. B. 1268-9

6754 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86754

CERTIFICATE OF DEATH

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha B. Smith

(a) Residence: No. 1630 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Earnest Smith

DATE OF BIRTH (month, day, year) Apr 5/1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Peter Hooper

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ------

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Earnest Smith
(Address) 1630 Ashland Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 20, 1933

UNDERTAKER [illegible]
(Address) [illegible] Huntington Terrace, N.S.

FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mere Poisoning	
Probably Suicide (No evidence obtained)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E. North Ave.

D. B. 1268-9

6755 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86755

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2033 Division 14-01 Ward)

gth of residence in city or town where death occurred 66 yrs. 33 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Truszkowska

(a) Residence: No. 2033 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

9. Date deceased last worked at this occupation (month and year) 10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT His home records

(Address)

BURIAL, CREMATION, OR REMOVAL Holy Rosary Cem. Jan 19. 1933

UNDERTAKER John D. Mitchell & Bro.

(Address) 1900 Eastern Ave. Baltimore, Md.

Registrar.

N 19133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Interval between onset and death
Chronic Myocarditis	6 months	
Other contributory causes of importance:		

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Falk Coroner, M. D.

(Address)

D. H. 1368-A

86756

HEALTH DEPARTMENT—CITY OF BALTIMORE

Seal

86756

CERTIFICATE OF DEATH

V93-001

Registered No. 1-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 740 S. Decker Ave. St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Christopher McKim Seal

(a) Residence: No. 740 S. Decker Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Seal

DATE OF BIRTH (month, day, year) Dec. 9, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Four Seeche Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 Yrs

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Jennie V. Hall

(Address) 740 S. Decker Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan. 19, 19 33

UNDERTAKER John F. Henry

(Address) 715 Light St.

FILED 81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on 5. 19 . Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

E 86757

D. B. 1268-9

86757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 117-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lemuel Norwood McJilton

(a) Residence: No. 1435 Bolton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise McJilton

DATE OF BIRTH (month, day, year) July 19, 1903

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retail store

10. Date deceased last worked at this occupation (month and year) Jan, 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Harry C. McJilton

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Mamie Wolf

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Manes S. Hecht

(Address) Union Mem. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan 20 1933

19. UNDERTAKER Chas. E. Isaacs & Co.

(Address) 802 Madison Ave.

20. FILED JAN 19 1933 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933 to Jan 18, 1933

I last saw him alive on Jan 18, 1933. Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	5 wks ?
(Hemorrhage (gastric))	8 days

Other contributory causes of importance:

Heart

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Manes S. Hecht M. D.

(Address) Union Memorial Hosp.

H. D. B. 1268-9

F 86758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 4 St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burton Smith

(a) Residence: No. Long Green Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 19, 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Spring 1932

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Long Green, Md.

13. NAME Seymour Smith

14. BIRTHPLACE (city or town) (State or country) Long Green, Md.

15. MAIDEN NAME Lottie Watkins

16. BIRTHPLACE (city or town) (State or country) Long Green, Md.

17. INFORMANT Mother (Mrs Seymour Smith)

(Address) Long Green Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wilson Cem. Date 1/22 19

19. UNDERTAKER J E Slade

(Address)

FILED 1/22/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933 to Jan 19, 1933

I last saw him alive on Jan 18, 1933 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Pneumococcus Whole Left Lung and Right Lower Lobe	Jan 9, 1933
Septicemia	Jan 16, 33

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Bl. Cult. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W. Faris M. D.

(Address) Union Memorial Hosp.

19 1933

D. B. 1268-9

E 86759

6759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1025 W. Leary St., 16-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Bernard Dandridge

(a) Residence: No. 1025 Maury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male	4. Color or Race Col	5. Single, Married, Widowed or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Douglas Boggs

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Margaret Dandridge

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Margaret Dandridge
(Address) 1025 W. Leary

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 19, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED Jan 19 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h.. alive on Jan 17 19 33 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
3 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Holland Smith Coroner, M. D.

(Address) .....

D. B. 1268-9

E 86760

86760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME William Singer

(a) Residence: No. 1637 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Singer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sonia Rassjanoff

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1-19 1933

UNDERTAKER Jack Lewis Inc
(Address) 1430 E. Baltimore St.

FILED 1933 Huntington Pollitzer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18 1933

22. I HEREBY CERTIFY, That I attended deceased from January 18 1933 to January 18 1933

I last saw him alive on January 18 1933. Death is said to have occurred on the date stated above at 10:15 pm.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset
Arteriosclerosis
Chronic nephritis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

2-29-28—L. E. S.—500 Bks.

86761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86761

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH 103 E. Ostend St.

REGISTERED NO. 24-91

CITY OF BALTIMORE: (No. Baltimore Md ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Carl H. Birch

(a) RESIDENCE NO. 103 E. Ostend St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Birch

6 DATE OF BIRTH (month, day, and year) March 30 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Theilip T Birch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Fannie E Birch

(Address) 103 E. Ostend St

Filed Jan 20 1933 Huntington Williams Registrar

9 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 17, 1933

that I last saw him alive on Jan 17, 1933

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal

Jan 3 33 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia, 2 hours

+ Terminal Pneumonia (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. W. Walker M. D.

, 19 (Address) 827 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 1/20 19 33

20 UNDERTAKER John T Denny

ADDRESS 715 Light St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E86762

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 23-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Cole

(a) Residence: No. 1036 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Vincenzina Cole

6. DATE OF BIRTH (month, day, year) Oct 23, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	2	25 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Nephi Cole

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Susan Baer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 21, 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED JAN 23 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Jan 17, 1933

I last saw him alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Pneumococcus Type I)	8 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

D. B. 1268-9

86763 HEALTH DEPARTMENT—CITY OF BALTIMORE 86763

CERTIFICATE OF DEATH

Curtis Bost 11-001

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1530 Elmtree St. 25-05 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Lucy Jackson

(a) Residence: No. 1530 Elmtree St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W c	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Jackson

DATE OF BIRTH (month, day, year): Oct 29 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3 2	19 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): St Clair Mich.

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

INFORMANT: Mrs T. B. Flynn

(Address) 1530 Elmtree St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan 20 1933

UNDERTAKER: John P. Denny

(Address) 715 Light St

19 Registrar.

97933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1933 to Jan 17 1933

I last saw her alive on Jan 17 1933. Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:

Grippe

Date of onset

Name of operation: No Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bruce Rd M. D.

(Address) 1340 E Lanvale

D. B. 1268-9

764

Thadius B Ford

E 86764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2310 Etting St. 13-81 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thadius B. Buchanan Ford

(a) Residence: No. 2310 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James H. Ford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Edna Buchanan

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT James H. Ford
(Address) 231 Etting St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/19/33 19

UNDERTAKER Mrs. Geo. H. Hellen
(Address) 1031 Druid Hill Ave

FILED JAN 19 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1933 to Jan. 17th 1933

I last saw h.. alive on Jan. 17th 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchial Pneumonia	Jan 14/33

Other contributory causes of importance:

Pleurisy

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Geo. H. Lawrence M. D.

(Address) 2315 E. Monument Ave.

H. D. B. 1208-0

E 86765 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86765

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Lorling Ave. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Fannie B. Palmer.

(a) Residence: No. 1330 Lorling Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Palmer.

7. DATE OF BIRTH (month, day, year) March, 19, 1861.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edward P Shannon.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Dont know.

16. BIRTHPLACE (city or town) (State or country) Dont know.

17. INFORMANT Carmealia Bull.

(Address) 1330 Lorling Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Jan. 21, 193[illegible]

19. UNDERTAKER U. Howard Evans

(Address) 38 E. Fort Ave.

20. FILED JAN 19 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1933, to Jan 18th, 1933

I last saw her alive on Jan 18th, 1933. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 yrs ago.

Other contributory causes of importance: Chronic

Arterio Sclerosis & hypertension

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

Gillespie

86766 HEALTH DEPARTMENT—CITY OF BALTIMORE 86766

CERTIFICATE OF DEATH

79-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth?..yrs..mos..ds.

2. FULL NAME Miss Loretta Gillespie

(a) Residence: No. 122 No. Belnord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 16 1916

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	16	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Learn girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Gillespie

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Nellie Evans

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Nellie Evans

(Address) 122 N. Belnord Ave. Balto.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date Jan 20 1933

19. UNDERTAKER John A. Duggan

(Address) 2600 E. Baltimore

20. FILED JAN 19 1933 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1932 to Jan. 16, 1933

I last saw h.. alive on Jan. 16, 1933. Death is said to have occurred on the date stated above, at 9.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Empyema (right)	Apr. 1931

Other contributory causes of importance:

Septicemia	Jan. 11, 33
Cerebro-Spinal Meningitis	Jan. 11, 33

Name of operation Thoracotomy Date of apr. 1931

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) ..M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 6767

6767 15

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Arlington Ave St.) 18-01 (Ward)

Length of residence in city or town where death occurred ....yrs. 1 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Delois Francis Smith

(a) Residence: No. 420 N. Arlington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-18-32

AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		1 0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Herman Frederick Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Gertrude Louise Washington

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Herman F. Smith
(Address) 420 N. Arlington Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 20, 1933

UNDERTAKER Mrs Katie R. Williams & Co.
(Address) 324 E. Schroeder St.

FILED JAN 19 1933 Clinton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1933 to 1-17, 1933

I last saw her alive on 1-17, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	1-9-33
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John E. T. Lampkin M. D.

(Address) 1119 N. Carrollton Ave

D. H. 1268-9

86768 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118 E 86768

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 825 N Lexington (St.) 9-21 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ... town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Blake

(a) Residence: No. 826 W. Lexington Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed or divorced (or) WIFE of Albert Blake

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	43	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Moses Heintz

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Kate Hargrove

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan. 19, 1933

UNDERTAKER Mrs Katie R. Williams

(Address) 3224 Sahrocker st

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan-9, 1933 to Jan-16, 1933

I last saw h[illegible] alive on Jan 15, 1933 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

1. Cerebral Hemorrhage
2. Chronic Nephritis

Other contributory causes of importance: Senile Debility

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, how? ...

(Signed) A. T. Coleman M. D.

(Address) 2439 No Carey

D. B. 12684

86769 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86769

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. City Hospital St., 19-01 Ward)

gth of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Davenport

(a) Residence: No. 303 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Davenport

6. DATE OF BIRTH (month, day, year) Dec 17 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Catherine Davenport

(Address) 303 Parrish St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 21, 1933

UNDERTAKER Mrs. Nettie A. Williams

(Address) 3212 Gorsuch Ave

FILED JAN 23 1933, 19 Clinton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, due to Pistol shot wound of Left Temporal artery	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/16, 1933

Where did injury occur? 303 Parrish St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol shot

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Leroy Mc... M. D.
Coroner

(Address) 303 Parrish St

M. D. B. 1268-9

E 86770

6770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hallie Lindsay

(a) Residence: No. 1109 Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) Aug 16- 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	64	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Williams Hill

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Baltimore City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 1-19-33
Place

19. UNDERTAKER Daniel Easton
(Address) 216 Park Ave.

20. FILED 1-19-33 H. E. Tuttle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-4-32 to 1-17-33

I last saw her alive on 1-11-33 Death is said to have occurred on the date stated above, at 8:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-12-33
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

1-17-33 (Signed) Clive M. Gates Jr. Asst. Resident.

(Address) Balto.

. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

86771

CERTIFICATE OF DEATH

34E 86771

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2351 Frederick Ave. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Life

2. FULL NAME George J. Kaiser, Jr.

(a) Residence: No. 2351 Frederick Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thelma K. (nee Savey)

DATE OF BIRTH (month, day, year) March 6, 1907.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 59

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George J. Kaiser

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Kerbe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Thelma K. Kaiser

(Address) 2351 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Jan. 19/33 19

19. UNDERTAKER [illegible]

(Address) 2101 Edmondson Ave.

JAN 19 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th 1933 to Jan 16th 1933

I last saw h... alive on Jan 16th 1933 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	
Pulmonary Edema	
& Acholuria & Albumen	?

Other contributory causes of importance:

General Septic Condition

Name of operation None Date of ...

What test confirmed diagnosis? Presume Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify)

(Signed) Fort H. Hostetter M. D.

(Address) 530 Fulton Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6772 ✓ 86772

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Bank St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dominick Genovese

(a) Residence: No. 1612 Bank St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	W	Married

If married, widowed, or divorced HUSBAND (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) April 10 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Genovese

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Nettie Pallata

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Mary Genovese

(Address) 1612 Bank St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 20, 1933

UNDERTAKER Martin H. Duffy & Inc

(Address) 3 W Lexington St

19 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May — 1932 to Jan 17 — 1933

I last saw h— alive on Jan 16 — 1933 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malig. Dis - Prostate Gland	May 1932
Other contributory causes of importance:	
General Exhaustion —	

Name of operation Supra Pubic Drainage Date of May/32

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so specify .....

(Signed) Mark A Bruce M. D.

(Address) 125 S Broadway

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86773

CERTIFICATE OF DEATH

131 E 86773

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Folson St. 24-1 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fenton J. Butler

(a) Residence: No. 411 Folson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed or divorced, HUSBAND of (or) WIFE of John L. Butler

DATE OF BIRTH (month, day, year) April 22 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Peter Wheeler

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Haney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lena E. Robinson

(Address) 411 Folsom St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan. 21 1933

19. UNDERTAKER George W. Fickler

(Address) 1737 E. Eager st

FILED ..... 19..... Registrar.

OCT 9 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1932, to Jan 18, 1933

I last saw h.. alive on June 18 1933. Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1932
Other contributory causes of importance: Chronic Nephritis	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney L. Streett M. D.

(Address) 45 E. Fort Ave.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86774

CERTIFICATE OF DEATH

E 86774

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Colgate Creek St. 26-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Kramer

(a) Residence: No. Colgate Creek St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Kramer

DATE OF BIRTH (month, day, year) March 17-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Elsie Bozman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known not known

17. INFORMANT Harry Kramer

(Address) Colgate Creek

18. BURIAL, CREMATION, OR REMOVAL

Place First Evangelical Cem. Date Jan. 21, 1933

19. UNDERTAKER George W. Quikley

(Address) 1737 E. Baltimore

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to Jan 18, 1933

I last saw h[illegible] alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	1-17-33

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. W. Reier M. D.

(Address) Emmitsburg, Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86775

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Church Home and Infirmary Ward 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Dobry

(a) Residence: No. 811 South Dean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sophie Dobry

7. DATE OF BIRTH (month, day, year) Nov. 26 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	1 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Copperworks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER FATHER

13. NAME Charles Dobry

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Anna Fuka

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sophie T. Dobry

(Address) 811 S. Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Jan. 20th 1933

19. UNDERTAKER Kelly & Gilbert Inc.

(Address) 111 E. Fayette St.

FILED 1933 Harrington Williams, N.F. Registrar.

R. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932 to January 17, 1933

I last saw him alive on January 17, 1933 Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, chronic, Left.	6/8/31
Lung Abscesses, chronic,	5/9/32
Other contributory causes of importance:	
Nephritis, chronic	5/6/32

Name of operation Bronchoscopy Date of 1/24/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86776

CERTIFICATE OF DEATH

E 86776

95-002

1. PLACE OF DEATH Balto. City Hospital

Registered No.

CITY OF BALTIMORE: (No. Balto. Md St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Whitehill

(a) Residence: No. 1123 E. Lombard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): July 25 [illegible]

8. AGE — Years: 48 Months: 3 Days: 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible] 079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Henry Whitehill

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Martha Burnett

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 19 1933

19. UNDERTAKER [illegible]

(Address) Huntington, W. Va.

91933

Registrar.

0084

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1933 to 1-18, 1933

I last saw him alive on 1-18, 1933 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Rheumatic	?

Other contributory causes of importance:

Acute Myocardial Insufficiency	1-14-33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

1-16-33 (Signed) Elmer Rodbaugh M. D.

(Address) Balto City Hospitals

F. D. B. 1268-9

86777 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86777

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Samuel Pierson

(a) Residence: No. 220 N. Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH September 18, 1888

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Westmorland, Va.
(State or country)

13. NAME Nelson Pierson

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Miss Johnson

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Friend.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date Jan 19 1933

19. UNDERTAKER [redacted]
(Address) [redacted]

Jan 19 1933

[redacted] Registrar.

0085

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-1933

22. I HEREBY CERTIFY, That I attended deceased from January 1 1933, to January 17 1933.
I last saw h.i.m alive on January 16 1933 Death is said to have occurred on the date stated above, at ~~12:00~~ midnight. P.60 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labar Pneumonia (Right)	1/4/33
Other contributory causes of importance:	
Toxemia	1-15-33
Myocarditis;	1-16-33

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) [redacted] M. D.

(Address) [redacted] General Hospital

H. D. B. 1268-9

86778 HEALTH DEPARTMENT—CITY OF BALTIMORE 86778

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 N. Arlington St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Lockley

(a) Residence: No. 234 N. Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 17, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12 hours			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Lockley

14. BIRTHPLACE (city or town) (State or country) Middlebrook, Va.

15. MAIDEN NAME Nina Brown

16. BIRTHPLACE (city or town) (State or country) Fayetteville, N. C.

17. INFORMANT Mother
(Address) 234 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Jan 19th, 19 33

19. UNDERTAKER [illegible]
(Address)

Filed [illegible] Registrar.

[illegible] 3086

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1933, to Jan. 18, 1933

I last saw him alive on Jan. 18th, 1933. Death is said to have occurred on the date stated above, at 6:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus Neonatorum	
Pneumothorax	

Other contributory causes of importance:

Prolonged labor.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

H. D. B. 1268-8

36779 HEALTH DEPARTMENT—CITY OF BALTIMORE 36779

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2604 Guilford Ave (St.) (Ward)

Length of residenre in rity or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME J. Augusta Radecke.

(a) Residence: No. 2604 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Radecke

DATE OF BIRTH (month, day, year) July 31, 1840

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
92.	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John A. Habermeyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Radecke

(Address) 2604 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1-21-1933

19. UNDERTAKER Mrs. Chas G. Rohde

(Address) 2-327 Edmondson Ave

Huntington Wellington Mgr.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1929 to Jan 18, 1933

I last saw her alive on Jan 18, 1933 Death is said to have occurred on the date stated above, at 1155A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
arteriosclerosis	
myocarditis	10 yrs

Other contributory causes of importance:

myocardial insufficiency	1 wk

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Kinney M. D.

(Address) 3030 Edmondson Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86780

E 86780

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 E 25th St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hirsch.

(a) RESIDENCE NO. 210 E. 25th St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 21 - 1869

7 AGE: Years 64 Months 11 Days 28

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cincinnati Ohio

(State or country)

PARENTS

10 NAME OF FATHER Abram Hirsch

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Lehmann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Selma Harbison 210 E 25th St

15 Filed 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1933 Jan - 18 -

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Jan 18, 1933, that I last saw h. alive on Jan 18, 1933, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Disease

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart

(Signed) [illegible], M. D.

1933 (Address) 201 S Ellwood

(*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Friendship Cem

Date of Burial 1/20 1933

20 UNDERTAKER J Ahrens Co

ADDRESS 2402 Reisterstown Rd

80—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

86781 E 86781

CERTIFICATE OF DEATH

86781

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital. ST 25-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine M. Hyde.

(a) RESIDENCE NO. 2302 Birch Drive, Larchmont, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) January 5, 1917

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	16	0	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Clinton M. Hyde.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Girard, Alab.

12 MAIDEN NAME OF MOTHER Eva Magee.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Eva Hyde. (mother)

(Address) 2302 Birch Drive.

(Date) 1933, 192 Huntington Williams Registrar

91933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2802 Birch Drive. January 17, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Leimandt, M. D. Coroner

1/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

UNDERTAKER H. Billings Son

DATE OF BURIAL 1/20 1933

ADDRESS 1136 Robb St

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86782

CERTIFICATE OF DEATH

E 86782

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Ashland Ave St. 26-61 75 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel E. Casey

(a) Residence: No. 609 S. Bouldin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Casey

7. DATE OF BIRTH (month, day, year) Jan. 19, 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 39	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston, N.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Gertrude MacKenzie
(Address) 3224 Foster Ave

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 1/20/33, 19

UNDERTAKER Richard Meyer
(Address) [illegible]

Jan 20 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19.

I last saw h alive on [illegible] 19. Death is said to have occurred on the date stated above, at 4 to 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. H. Owens, M. D.
Coroner

(Address) 506 E. Monument

30—M. & T.—100 B—50L

E 86783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86783

CERTIFICATE OF DEATH

REGISTERED NO. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. ST. 16-01 WARD)

2-FULL NAME John Henry Freimuth.

(a) RESIDENCE No. 800 Valley St. Little Sisters of the Poor. ST.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	-------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Hospital Record.

(Address)

Filed ..... 192 Huntington Williams M.D. Registrar

91933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the left femur.
Accidental fall to the floor.
Terminal Pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? January 1h, 1933. 800 Valey St.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Steinard, Coroner, M. D.

1/19/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 20 1933

20 UNDERTAKER Rita Riedfield

ADDRESS 914 Greenmount Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86784

CERTIFICATE OF DEATH

E 86784

Registered No. 95 111

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Caroline St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Life

FULL NAME Samuel S. Pierce

(a) Residence: No. 1603 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Marr.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hazel V. Pierce

DATE OF BIRTH (month, day, year) Apr 18/1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 1 yr

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John C. Pierce

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Amanda K Bishop

16. BIRTHPLACE (city or town) (State or country) Balto., Md

INFORMANT Blanche M. Pierce

(Address) 1603 N. Caroline St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 21 1933

UNDERTAKER Wm Cook

(Address) 812 E. Fayette St

91933 Washington Wellington M.D.

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16/33 . 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h alive on Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Probably chr Endocarditis

Date of onset

Other contributory causes of importance:

Arthritis ? yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. H. Penn M. D.

(Address) 508 E. Eutaw Ave Coroner

86785

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86785

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital ST., 1 WARD)

2-FULL NAME William Brewer

(a) RESIDENCE NO. 2243 Kirk ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Brewer

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Brewer

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Lottie Brewer

(Address) 2243 Kirk Ave

Filed Washington Williams Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932 to Jan 18, 1933

that I last saw him alive on Jan 18, 1933

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) unknown ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) A. J. Conroy, M. D.

(Address) V. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan 21st 1933

20 UNDERTAKER Wm Cook 1217 St Paul st — ADDRESS

H. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

86786 E 86786

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 W. Pratt St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hartzell

(a) Residence: No. 1331 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Walter W. Hartzell

7. DATE OF BIRTH (month, day, year) Feb 16th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andy Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Haas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Wetzler
(Address) 1331 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL.
Place Balto Date Jan 21st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

[illegible] Registrar.

91933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/19/ 1932 to 1/19/ 1933

I last saw her alive on 1/19/ 1933. Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.	
Bronchitis	?

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Ferry M. D.

(Address) 710 W. Lombard

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86787 E 86787

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Glen Ave St., 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Armstrong

(a) Residence: No. 3404 Glen Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Joseph E. Armstrong

7. DATE OF BIRTH (month, day, year) Dec 16th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Winchester Va

13. NAME John T. Stansbury

14. BIRTHPLACE (city or town) (State or country) Fredericks Md

15. MAIDEN NAME Mary E. Smith

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT Ellen S. Armstrong

(Address) 3404 Glen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 21st 1933

19. UNDERTAKER Wm Cook

(Address) 617 St Paul St

Washington Wilmington N.C.

Registrar.

JAN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from October 20 1931 to Jan. 19 1933

I last saw her alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 7.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sarcomata	

Other contributory causes of importance:

Hypostatic Pneumonia	4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John D. Dibert M. D.

(Address) 3608 Segura Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86788

86788

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Gwynn Falls Park 27-41 St. Ward)

rth of residence in city or town where death occurred? ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME William Stuck

(a) Residence: No. 2916 Berwick Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed or divorced~~
HUSBAND of ~~(or Wife of)~~ Gladys Stuck

ATE OF BIRTH (month, day, year) Jan 3rd 1890

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	0	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins. Co
8. Date deceased last worked at this occupation (month and year)
9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Stuck
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Sallie Thomas
16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Gladys Stuck
(Address) 2916 Berwick St.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 20th 1933

UNDERTAKER Wm Cook
(Address) 1417 St Paul St

Huntington Williams M.D.
Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Pistol Wound of brain	Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? ..... Date of injury ....., 19.....

Where did injury occur? Gwynn Falls Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek M. D.
Coroner

(Address) Coroner

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86789

86789

CERTIFICATE OF DEATH

V 108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) Provident Hosp. (St.) 15-01 (Ward)

gth of residence in city or town where deceased resided ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Pearl Bradford

(a) Residence: No. 1631 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write word): Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) Nov 2 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Malcolm Bradford

14. BIRTHPLACE (city or town) Stafford Co Va (State or country)

15. MAIDEN NAME Mable Franklin

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mable Bradford

(Address) 1631 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/20/33

19. UNDERTAKER Howard E. Nelson

(Address) 1343 Pierpont St

20. FILED 1933 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Sepsis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regulus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Bruck M. D.

(Address) Coroner

D. B. 1268-9

E 86790

86790 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Edmondson Ave St., 190-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary D. Baer

(a) Residence: No. 3905 W Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed or divorced, HUSBAND of (or) WIFE of Dr. Benj F. Baer

DATE OF BIRTH (month, day, year) April 16, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

8. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

BIRTHPLACE (city or town) (State or country) Carlestown Md.

13. NAME OF FATHER John Little

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Miss Josie S. Baer

(Address) 3905 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Jan 21, 1933

UNDERTAKER Robt S. Little

(Address) 3905 Edmondson Ave

Filed [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1933, to 1/19, 1933

I last saw her alive on 1/19, 1933. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Arteriosclerosis Hypertension Cerebral Hemorrhage	10 da
Other contributory causes of importance:	
Bronchitis Pneumonia	3 days

Name of operation —— Date of ——

What test confirmed diagnosis? Clinical. Was there an autopsy? ——

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ——

Manner of injury ——

Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? ——

If so, specify .....

(Signed) F. Thomas ..... M. D.

(Address) 504 Cathedral St.

M. D. B. 1268-0

6791

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86791

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Ridgehill Ave 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria Cusick

(a) Residence: No. 2004 Ridgehill Ave (St.) ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of the late John Cusick

6. DATE OF BIRTH (month, day, year) Sept 15th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm J. Cusick

(Address) 2004 Ridgehill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 1/23/ 1933

19. UNDERTAKER John J Conway & Son.

(Address) 901 Hollins St.

20. FILED Huntington Williams M.D.

JAN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 18, 1933 Death is said I last saw her alive on Jan 18, 1933 Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	1920

Other contributory causes of importance:

Chronic Myocarditis	1927

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. Pete Alexander M. D.

(Address) 1910 W. North Ave

D. B. 1268-9

E 86792

86792 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 47

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
TY OF BALTIMORE: (No. University Hospital St. 15-01 Ward)

rth of residence in city or town where death occurred 53 yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James F. Kelly

(a) Residence: No. 1905 Rosedale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary B. Barr Kelly

ATE OF BIRTH (month, day, year) Jan 1st 1881

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52		17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance business
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME James F. Kelly
14. BIRTHPLACE (city or town) (State or country) Balto, Md.
15. MAIDEN NAME Minnie Weber
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Mrs Mary B Kelly
(Address) 1905 Rosedale St.
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/21/1933
19. UNDERTAKER John J. Cowan & Son
(Address) 901 Bolton St.
20. FILED 1933 Hester White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-33 19
22. I HEREBY CERTIFY, That I attended deceased from 12-19-32 19 ... to 1-18-33 19 ...
I last saw h[illegible] alive on 1-18-33 19 ... Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma, right lung (Symptoms for 7 months)	
Other contributory causes of importance: Broncho-pneumonia	1-17-33

Name of operation (Bronchoscopy) Date of ...
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) C. G. Ahrons Jr. M. D.
(Address) University Hospital

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86793

CERTIFICATE OF DEATH

59 E 86793

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hyman (Twin)

(a) Residence: No. 6328 Rhemond Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-19-33-4:30 P.M.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 12 min.
—	—			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Sidney Ezekiel Hyman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ruth Rae Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Sidney Ezekiel Hyman
(Address) 6328 Rhemond Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loving Home Date 1-20-33 19...

19. UNDERTAKER Jack Lewis Inc
(Address) 1433 E. Baltimore St.

20. FILED ... Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933 to Jan 20, 1933
I last saw he alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 6½ mo.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) K. J. Young M. D.

(Address) Sinai Hospital

H. D. B. 1268-9

86794 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159 E 86794

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 77-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hyman (Twin)

(a) Residence: No. 6328 Sherwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

a. If married, widowed, or divorced HUSBAND of (or) WIFE of .

6. DATE OF BIRTH (month, day, year) 1-19-33-3.55 PM

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Sidney Ruth Hyman

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Ruth Rae Cash

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Sidney Ruth Hyman
(Address) 6328 Sherwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Mem. Park Date 1-20-33, 19

19. UNDERTAKER Jack Levin Inc
(Address) 1437 E. Baltimore St.

20. FILED ..... 19 .....

JAN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933 to Jan 20, 1933

I last saw he alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 3.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 6½ mo.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. J. Hyman M. D.

(Address) St. Joseph's Hospital

...—1-12-23—M&T—500 Bks.

6795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86795

V 107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 426 W. Henrietta ST. 21-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas M. Scott

(a) RESIDENCE NO. 426 W. Henrietta ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or) WIFE of: Julia Scott

DATE OF BIRTH (month, day, and year): July 17th 89

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
43		6		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Junk dealer

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Daniel Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Mary E. Freberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Grace Scott 304 S. Vincent st

Filed JAN 20 1933 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/17 1933

17 I HEREBY CERTIFY, That I attended deceased from January 14. 1933. to January 17. 1933.

that I last saw him alive on January 17, 1933,

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 20th 1933

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor

Co. 5-11 2108

5796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86796

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

ngth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Hugh Bannon

(a) Residence: No. Little Sisters of the Poor St. city

(Usual place of abode) 1200 Valley St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eleonora ?

DATE OF BIRTH (month, day, year) 1859

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Little Sisters of the Poor

(Address) 1200 Valley St Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/21/33

UNDERTAKER Rec. R. C. Cemeteries

(Address) 111 W. Monument St.

DATE 19 Registrar

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 19, 1932, I last saw him alive on June 22, 1932, death is said to have occurred on the date stated above, at 11.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Asthma	

Name of operation Autopsy Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy M. D.

(Address) 1114 Hampton Ave

M. D. B. 1268-0

Dr. Strauss
Washington Blvd - Griffis Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86797

E 86797

94-001

CERTIFICATE OF DEATH

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 DeSoto Rd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius G. Dusterhoff

(a) Residence: No. 1620 De Soto Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M. Dusterhoff

6. DATE OF BIRTH (month, day, year) March 31, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	16 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Theodore G. Dusterhoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard G. Dusterhoff

(Address) 391 Selma Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 1/20 1933

19. UNDERTAKER J. B. Wippert

(Address) 1850 W. Baltimore St

20. FILED JAN 20 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17- 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1933 to Jan 17, 1933. Last saw h. alive on Jan 17, 1933. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	About 6 mos
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. A. Strauss M. D.

(Address) 1901 Griffis Ave

M. D. B. 1268-9

E 86798

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86798

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. 15-01

CITY OF BALTIMORE: (No. 4112 Alto Road St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alma Reed Ziegler

(a) Residence: No. 4112 Alto Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, 1889

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Internal Rev. Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward H. Ziegler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ruth F. Bankhead

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Norval M. Ziegler

(Address) 4112 Alto Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan. 21 1933

19. UNDERTAKER Wm. J. Tickner Son

(Address) Keith & Falls

20. FILED ... 19... Wm. ... M.D.

JAN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11- 1933 to Jan 18- 1933

I last saw her alive on Jan 18- 1933. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Isaac C. Dickson, M. D.

(Address) 3044 N North Ave.

M. D. B. 1268-9

86799

E 86799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Cedarcroft Rd St., 27-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Wheeler Freeman

(a) Residence: No. 407 Cedarcroft Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes C. Freeman

6b. DATE OF BIRTH (month, day, year): Feb. 25 1885

7. AGE: Years 47 Months 10 Days 24 If LESS than 1 day, hrs. or min. 75

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Delano Brown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Gloucester Mass

FATHER

13. NAME: John B. Freeman

14. BIRTHPLACE (city or town) (State or country): Gloucester Mass.

MOTHER

15. MAIDEN NAME: Elizabeth Marchant

16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMANT: Mrs. Agnes C. Freeman

(Address) 407 Cedarcroft Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 21 1933

19. UNDERTAKER: Wm. H. Keefer Sons

(Address) North & Fulton Aves

20. FILED JAN 20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1928 to Jan 19 1933

I last saw h[illegible] alive on Jan 19 1933. Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Hemiplegia, paralysis + cerebral softening)	1st Symptom Jan 19
Other contributory causes of importance:	
Name of operation: Ligation of small vessels Date of: Jan 20 '33	
What test confirmed diagnosis? Gross + Microscopical Was there an autopsy?	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1211 Cathedral - Baltimore

M. D. B. 1262-5

86800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86800

CERTIFICATE OF DEATH

V 104-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Rowland

(a) Residence: No. 202 West 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. H. W. Rowland

7. DATE OF BIRTH (month, day, year) Mar 26 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harry Rowland

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Cecelia J. Byrne

16. BIRTHPLACE (city or town) (State or country) Jacksonville Fla

17. INFORMANT Mrs R. N. Ricketts

(Address) 623 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 21, 1933

19. UNDERTAKER Wm Fickenscher Son

(Address) York Road

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18 1933

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1933 to January 18 1933

I last saw him alive on January 18, 1933 Death is said to have occurred on the date stated above, at 12 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Pan-sinusitis	?
(2) Brain, abscess (L. frontal)	?
(3) Localized meningitis	?

Other contributory causes of importance:

(1) Toxaemia
(2) Exhaustion from convulsive attacks.

Name of operation Sinusotomy operation - neurology Date of 1-13-33

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. M. Wagensellen M. D.

(Address) St. Josephs Hospital

M. D. R. 1933 86801

E 86801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3437 Ravenwood Ave St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Mechau

(a) Residence: No. 3427 Ravenwood Av. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Wid'd

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Christian Mechau

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Catherine Shaughn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louisa Mechau (Address) 3427 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Jan 21 1933

19. UNDERTAKER H. G. Ickes & Son (Address) Penna Ave

20. FILED Jan 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16th 33 to January 18th 33

I last saw her alive on January 18th 33. Death is said to have occurred on the date stated above, at 8.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	1/10/33
Arterio Sclerosis	Unknown
Broncho- Pneumonia	1/14/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) H. Edward Ardizzone M. D.

(Address) 2942 E. Fayette Street.

86802 E 86802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5605 Merville St. 27-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Samuel Slaughter
(a) Residence: No. 5605 Merville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ursula Slaughter

6. DATE OF BIRTH (month, day, year) Dec 26 1852

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton Md

MOTHER FATHER
13. NAME Col Thos. H. Slaughter
14. BIRTHPLACE (city or town) (State or country) Denton Md.
15. MAIDEN NAME Margaret Carter
16. BIRTHPLACE (city or town) (State or country) Denton Md

17. INFORMANT John Slaughter Sr
(Address) 5605 Merville Av

18. BURIAL, CREMATION, OR REMOVAL
Place Denton Md Date Jan 21 1933

19. UNDERTAKER Von Lee Keister & Son
(Address) 1000 W. Pratt St.

20. FILED Jan 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1932 to Jan 19 1933
I last saw h[illegible] alive on Jan 18 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	Jan/32
Other contributory causes of importance: Bronchopneumonia	Jan/33

Name of operation ✓ Date of no
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. Wellman Lee M. D.
(Address) 108 Eastern Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86803 86803

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Sinai Hospital St. 14-04 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Edna M. Kirby

(a) Residence: No. 2009 Bolton St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isaac E. Kirby

DATE OF BIRTH (month, day, year) Sept. 16, 1872

AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
60	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Crawford

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Patterson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Miss Clarette Kirby

(Address) 2009 Bolton St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 20, 1933

UNDERTAKER Harry N. Britton

(Address) 4101 Edmondson Ave

FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1932 to Jan 19 1933

I last saw h[illegible] alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 1.55 a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Combined Sclerosis
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel E. Linn M. D.

(Address) Sinai Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6804

CERTIFICATE OF DEATH

V131 E 86804

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Radnor St. 27-01 Ward)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Frances Harris

(a) Residence: No. 507 Radnor St. Ward. 27th
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White Enlish	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of M. Reina Harris

7. DATE OF BIRTH (month, day, year) Aug 27 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	12	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerical (former)

10. Date deceased last worked at this occupation (month and year) 6 yrs ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm. T. Harris

14. BIRTHPLACE (city or town) (State or country) Newton N. J.

15. MAIDEN NAME Eleanor Anne Peale

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Margaret Harris Daughter

(Address) 507 Radnor St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 21 1933

UNDERTAKER Henry W. Jenkins Sons

(Address)

FILED ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Jan 20 1933

I last saw h— alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 5-0 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	1930
Ca Myocardium	1931
a Pt Nephritis	1931

Other contributory causes of importance:

Acute Cardiac dilatation	May 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify .....

(Signed) S. D. Bishop M. D.

(Address) 521 Sheridan Av.

H. D. B. 1268-9

86805 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86805

11-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 93 W. Franklin St. 13-05 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Townsend

(a) Residence: No. 93 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Townsend

6. DATE OF BIRTH (month, day, year) Feb 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4 33	59	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME of mother Unknown

14. BIRTHPLACE (city or town) (State or country) ..

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT Virginia Townsend

(Address) 93 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 21, 1933

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 222 S. Schroeder St

FILED JAN 20 1933 19 ..... Registrar.

Huntington Publishing Co., Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1933 to Jan. 18, 1933.

I last saw h— alive on Jan. 18, 1933 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/16/33

Other contributory causes of importance:

Influenza	1/5/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clarence Townsend, M. D.

(Address) 123 S. Schroeder St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86806 E 86806

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5112 Belair Road St., 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Kenneth Voermann

(a) Residence: No. 5112 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 3-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	16 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry C. Voermann

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lillian D. Myrick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lilian D Myrick Voermann
(Address) 5712 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Reformed Date Jan 21 1933

19. UNDERTAKER John Ulrich & Sons
(Address) 2008 Eutaw St

Filed JAN 20 1933 Harriet Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 11th, 1933 to Jany 19th, 1933

I last saw him alive on Jany 19th, 1933 Death is said to have occurred on the date stated above, at 4.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal cold	12-24-32
Otitis Media Purulent	1-5-33
Broncho Pneumonia	1-7-33
Cardiac Paralysis	1-19-33

Other contributory causes of importance:

Name of operation Double Paracentesis Date of 1-12-33

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. V. Clift M. D.

(Address) 3532 Chestnut Ave

ec.—1-12-23—M&T—500 Blks.

6807

E 86807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2170 Wyoming St., 21-01 WARD)

2-FULL NAME James Lathe

(a) RESIDENCE NO. 2170 Wyoming ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1897

AGE: 36 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

16 NAME OF FATHER: Walter Lathe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Louise Creighton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Julia Lathe

(Address) 2170 Wyoming

Filed 2 1933 19 Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to Jan 18, 1933, that I last saw h— alive on Jan 16, 1933, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia and Influenza

(duration) 28 yrs. 10 mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Raymond Williams, M. D.

Jan 12, 1933 (Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 1/20 1933

20 UNDERTAKER: Edw Lowman

ADDRESS: Work Bl

E 86808

86808

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. Calvert & 33rd St.) (3-C Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 21 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edward Staines Jr.

(a) Residence: No. 1745 Clifview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Jan. 12, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineers Assistant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME William E. Staines
14. BIRTHPLACE (city or town) (State or country) New York.
15. MAIDEN NAME Nellie Ringrose
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
17. INFORMANT Father Wm. E. Staines Sr.
(Address) 1745 Clifview Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 1/23 1933
19. UNDERTAKER Philip Herring & Co
(Address) 216 Fortieth St
20. FILED JAN 20 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to Jan 20, 1933
I last saw him alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	
Other contributory causes of importance:	
Myocardial failure	
Pulmonary edema	
Bronchial pneumonia	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Frank R Stephenson M. D.
(Address) Union Memorial Hospital

M. D. B. 1268-9

6809

HEALTH DEPARTMENT—CITY OF BALTIMORE 86809

CERTIFICATE OF DEATH

v 59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 826 N. Patt. Pk. Ave 1-01 St., (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Leverton Sr.

(a) Residence: No. 826 N. Patt. Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate Maud Leverton

7. DATE OF BIRTH (month, day, year) Dec. 26/65

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Cap!

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm Leverton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriett —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James M. Leverton Jr
(Address) 826 N. Patt. Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 1/21/33

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

FILED JAN 20 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan/18/33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 19 33 to Jan. 18 19 33

I last saw him alive on Jan. 18 19 33 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1/16/33

Other contributory causes of importance:

Diabetes	?

Name of operation — Cesarean Date of —

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent B. Zorka M. D.

(Address) 845 N. Patterson Park Ave

H. B. 1268-9

86810 HEALTH DEPARTMENT—CITY OF BALTIMORE

ME 86810

CERTIFICATE OF DEATH

v 207

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. L-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis J. Rayman

(a) Residence: No. #205 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nancy M. Rayman

DATE OF BIRTH (month, day, year) Sept. 20th. 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph Rayman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Barbara Shimek

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Nancy M. Rayman

(Address) #205 N. Washington St.

BURIAL, CREMATION OR REMOVAL

Place Balto Cem Date 1/21 19 33

UNDERTAKER Philip Herwig & Sons

(Address) 2066 Orleans St.

FILED 19 Registrar

N201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18th. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Comp Fracture of Rt Fem- Frac Rt Hip	1/18/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .....Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 18 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Penna R.R. Tracks at Gay St

Manner of injury Struck by R.R. train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Hayes M. D.
Coroner

(Address) 502 E. Fayette

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86811 — B 86811

CERTIFICATE OF DEATH

124-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hospital
CITY OF BALTIMORE: (No. ..... St., 17-81 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine McGarvey Wintering

(a) Residence No. 314 E. 27th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Wintering

DATE OF BIRTH (month, day, year) June 2 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	7	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 21 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John McGarvey
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Anna Riley
16. BIRTHPLACE (city or town) (State or country) Ireland
INFORMANT Mr. Frederick Wintering
(Address) 314 E 27th Street.

BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date 1/21/33 19.
UNDERTAKER J. J. Fahey & Sons
(Address) 1308 Eighth St

FILED JAN 20 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932, to Jan 19 1933
I last saw her alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 8 31 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1 year ago
Other contributory causes of importance:	

Name of operation Cholecysto-duodenostomy Date of 1-18-33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Marion P. Johnson M. D.
(Address) Woman's Hospital

H. D. B. 1268-9

86812 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86812

12-8-32

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Lung. JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 27-04 (Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil Lodergren

(a) Residence: No. 3310 Woodland ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura

7. DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Jany 3 1933

19. UNDERTAKER Harry A. Arnold & Son

(Address) 4204 Reisterstown Rd

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932 to 1-19- 1933

I last saw him alive on 1-19- 1933 Death is said to have occurred on the date stated above, at 3.38 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma tail of pancreas with metastases	3 mos ago
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of 12-27-32

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Abercrombie M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-B

86813 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86813

CERTIFICATE OF DEATH

K 407-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mansgay

(a) Residence: No. Sparrows Point Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/10/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Hobart Mansgay

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Gwendolyn Robins

16. BIRTHPLACE (city or town) (State or country) South Wales

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Med Colony Date Jan 20, 19 33

19. UNDERTAKER [illegible] (Address)

[illegible] 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 17, 1933

I last saw h[illegible] alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allan Rowe, M. D.

(Address) J. H. H.

1933 0087

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86814

86814

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. St. 11-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby boy Gods

(a) Residence: No. 411 Hoffman St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1/13/33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Wally Gods

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Hazel Murray

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Jan 20 1933

19. UNDERTAKER

(Address)

20. FILED ... Registrar.

1933

0088

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, (Noon) 1933, to Jan 14 (10.25 PM) 1933

I last saw him alive on Jan 14, 1933. Death is said to have occurred on the date stated above, at 10.25 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alan C. Kattan, M. D.

(Address) Johns Hopkins Hospital

rc.—1-12-23—M&T—500 Bls.

86815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86815

CERTIFICATE OF DEATH.

V 159

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital ST., 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dorman Wheatley

(a) RESIDENCE NO. Edgewood, md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1-11-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
			8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 600

(b) General nature of Industry, business, or establishment in which employed (or employer) infant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Warren A. Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Hodges

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) North Carolina

14 Informant Mildred L. Wheatley

(Address) Edgewood, md

15 Filed ..... Washington Williams, N.R. Registrar

01933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1933

17 I HEREBY CERTIFY, That I attended deceased from 1-11- , 1933, to 1-19 , 1933, that I last saw h[illegible]live on 1-19 , 1933, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 months)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. J. Comey M. D.

1-19 1933 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Jan 20 1933

20 UNDERTAKER [illegible]

ADDRESS

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86816 E 86816

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 27-W (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME BABY, RUSSELL

(a) Residence: No. Johns Hopkins Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/17/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) .....
(State or country)

13. NAME FATHER RUSSELL, 3317 ELDON AVE

14. BIRTHPLACE (city or town) VIRGINIA
(State or country)

15. MAIDEN NAME MOTHER GIBBONS, 3317 ELDON AV

16. BIRTHPLACE (city or town) MARYLAND
(State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. Hood Wright Date Jan 20 1933

UNDERTAKER .....
(Address)

0089 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to Jan 18 1933.

I last saw her alive on Jan 18 1933. Death is said to have occurred on the date stated above, at 3-10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/17/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Ralph W. Jack M. D.

(Address) Johns Hopkins Hospital.

M. D. B. 1268-0

86817 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86817

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Jos Hospital C-01 St. 1401 N. Caroline St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Teabo

(a) Residence: No. 2514 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24-1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	1	25	26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S PAGE

13. NAME Anna E. Teabo
14. BIRTHPLACE (city or town) (State or country) Pa
15. MAIDEN NAME Anna Reynolds
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Anna Teabo
(Address) 2514 E. Fayette

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Jan. 21- 1933

19. UNDERTAKER Thomas J. Flynn
(Address) 1032 E. Fayette St

20. FILED ... Registrar.

JAN 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Jan 19, 1933
I last saw him alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 1509 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cavernous sinus thrombosis (otitis)	

Other contributory causes of importance:
Pneumonia
Paralytic ileus

Name of operation Jan sinusotomy Date of 1-19-33

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Phillip Bress M. D.
(Address) St Jos Hospital

L. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86818 E 86818

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital. 12-01 St., Ward) Registered No. 137

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 68 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward J. Gallagher

(a) Residence: No. 3900 North Charles St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Annie Hay)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edward Gallagher

7. DATE OF BIRTH (month, day, year) July 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	68	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Son-Mortician
(Address) 3900 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/23 1933

19. UNDERTAKER Henry H. Mears & Son
(Address) 805 N. Eutaw St.

20. FILED Huntington Williams, Registrar.
1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to Jan 19, 1933

I last saw him alive on Jan. 19, 1933 Death is said to have occurred on the date stated above, at 3 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis rectal disease	
Cachexia	Years
Uremia	Jan 17 33
Pernicious terminal pulmonary	
[illegible]	Jan 17 33

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86819 CERTIFICATE OF DEATH +1195 86819

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-06 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsa Blomquist

(a) Residence: No. Severn Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) April 17/32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — NB

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Eric Blomquist

14. BIRTHPLACE (city or town) Sweden
(State or country)

15. MAIDEN NAME Blanche Benton

16. BIRTHPLACE (city or town) North Carolina
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Date 1/21/1933

Place Loudon Park Cem.

UNDERTAKER Platts Davis
(Address) 34 E Lexington Ave.

Filed 1933 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to Jan 20, 1933

I last saw h[illegible] alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 2.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	1/12/33
2. Chronic Mastoiditis (Rt)	—
3. Bilateral Suppurative Otitis Media	8/15/32

Other contributory causes of importance:

1. Acute Influenza Diarrhea	1/16/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard L. Zapuse M. D.

(Address) Mercy Hospital

C.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

86820 E 86820

46

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3449 Hanover St. ST. 25-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helen Reinhardt.

(a) RESIDENCE NO. 3449 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, (or) WIFE of Edward Reinhardt.

DATE OF BIRTH (month, day, and year) Dec. 8, 1864.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER James O'Neill.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Annie Kaufman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Edward Reinhardt. (husband)

(Address) 3449 Hanover St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from November 12, 1932, to January 18th, 1933,

that I last saw h. alive on January 18th, 1933,

and that death occurred, on the date stated above, at 11.05 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Uraemia. (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

1/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C.A.

DATE OF BURIAL 1/21/33

UNDERTAKER John H. Kenny Son Inc.

ADDRESS 2218 Greenmount

201933 Washington Williams M.D. Registrar

R.C.H.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86821 E 86821

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Tyler

(a) Residence: No. 1822 Ethics St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Tyler

6. DATE OF BIRTH (month, day, year) 3-18-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Tyler

14. BIRTHPLACE (city or town) (State or country) West River Md

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) West River, Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lowcan Date Jan 21st 1933

19. UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount Street

Huntington Williams, M.D.

Registrar.

0 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-17-1933 to 1-18-1933

I last saw him alive on 1-18-1933 Death is said to have occurred on the date stated above, at 6:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	5
	1

Other contributory causes of importance: Myocardial insufficiency 1-18-33

congestive

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-18-33 (Signed) Elmer Hitchcock Jr. M.D.

(Address) Balto. City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V23 E 86822

86822

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 W. Baltimore St. 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Sander

(a) Residence: No. 2133 W. Balto St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 23, 1881

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	51	8	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Edmund Sander

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Rosa Knapp
(Address) 2133 W. Balto St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 21 1933

UNDERTAKER Mrs. Jno. W. Keufel & Son
(Address) 501 W. Lanvale St.

Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to Jan 20 1933

I last saw him alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Gaffky Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas A Carlson, M. D.

(Address) 2140 N Balto

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86823

CERTIFICATE OF DEATH

E 86823

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospitals St., 26-01 Ward)

ngth of residence in city or town where death occurred Unknown How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Frank J. McMahon

(a) Residence: No. 1906 Dundalk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia B. McMahon

DATE OF BIRTH (month, day, year) Jan. 17, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond, Va

12. NAME Frank J. McMahon

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Betty Dody

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Eugenia B. McMahon

(Address) 1906 Dundalk Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan. 22, 1933

UNDERTAKER Mrs. E. Miller & Son

(Address) 23 34 Gilmor St

01933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Autopsy, 19....

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated from autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Bladder	
Peritonitis	1/12/33

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of 1/12/33

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/12, 1933

Where did injury occur? Dundalk + Baltimore Aves
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Auto he was driving collided

Nature of injury with another

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M.D. M. D.
Coroner

(Address) 2200 E Madison St

. D. B. 1265-9

6824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86824

CERTIFICATE OF DEATH

Registered No. 87-004

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 38 Warrenton Road St., 27-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonidas Levering
(a) Residence: No. 38 Warrenton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Riggs Keys Levering

DATE OF BIRTH (month, day, year) Nov. 12, 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Storage Warehouse
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation 26
12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME Eugene Levering
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
15. MAIDEN NAME Ann Walker
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT W. G. Wilcox
(Address) 38 Warrenton Road.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Greenmount Date Jan 21st 1933
19. UNDERTAKER Henry W. Perkins & Son Co
(Address) Warrington Village, N.P.
Registrar.

20153

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1932 to Jan 19 1933
I last saw h[illegible] alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Cerebral Hemorrhage	Jan 19 33
Other contributory causes of importance:	
Cystitis & Cancer	Yrs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John C. Clark M. D.
1-20-33 (Address) Catonsville Md.

Co. 5-31 250B

6825 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86825

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balt Gen Hosp St., 24-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Betty Beck.

(a) Residence: No. Furnace Branch St., Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Beck

DATE OF BIRTH (month, day, year) about 1892

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

13. NAME of Father William McFadyen

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME of Mother Elizabeth Kidden

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT William J. McFadyen

(Address) Route 6, Box 59, Jacksonville, Florida

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville Florida Date Jan 9, 1933

19. UNDERTAKER A. Howard Evans

(Address) Huntington, West Virginia

01933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1933, to 1/9, 1933

I last saw her alive on 1/9, 1933 death is said to have occurred on the date stated above, at 6.20 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Colon	?

Other contributory causes of importance:

Intestinal Obstruction
Peritonitis purulent

Name of operation Colostomy Date of 1/4/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Muller, M. D.

(Address) South Balto Gen Hosp

M. D. B. 1268-B

86826 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86826

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Mc Henry St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida L. Walker

(a) Residence: No. 2133 Mc Henry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of John W. Walker

6. DATE OF BIRTH (month, day, year) Nov 14th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Louise A Fowler

14. BIRTHPLACE (city or town) (State or country) Conn

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. L. Fowler

(Address) 2232 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed JAN 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 20, 1933

I last saw her alive on Jan 20, 1933. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Bronchi	1/14/33
Pneumonia	
Heart Failure - Congestive type.	
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James M Hartman M. D.

(Address) 3rd & Eutaw Sts

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86827 E 86827

CERTIFICATE OF DEATH

89-001 Registered No.

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton Ave St. 21-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna E. Ferguson
(a) Residence: No. 767 Carroll Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 6th 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 mos 23 days	1.	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Edwin Ferguson
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Edna E. Blockinger
16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Edwin Ferguson
(Address) 767 Carroll St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 21st 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed JAN 20 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16. 1932 to January 20 1933.
I last saw h.. alive on Jan 20 1933. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows: — Date of onset

1. Hemorrhagic disease newborn
with bleeding umbilicus
2. Aspertia umbilicus
3. Generalized peritonitis

Other contributory causes of importance:
Bilateral otitis media

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Arfest Vonderm M. D.
(Address) St. Agnes Hosp.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86828 | CERTIFICATE OF DEATH | L 86828

108

Registered No. ~~

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. St. 10-C (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lifetime

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Dietz

(a) Residence: No. 1119 Greenmount Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dietz

7. DATE OF BIRTH (month, day, year) Oct. 31, 1896

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles E. Dietz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Jan. 23, 1933

19. UNDERTAKER Henry A. Deitzler

(Address) 401 E. Lanvale St.

20. FILED ... 19... Registrar.

1933 A. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/33

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1933, to January 19, 1933. Death is said

I last saw him alive on January 19, 1933. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right lower lobe	1-17-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Cl. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Crabbott M. D.

(Address) U.S. Marine Hospital

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86829 175 E 86829

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. St. 16 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ollie Innie Gibson

(a) Residence: No. 201 Mt. Holly St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Gibson

6. DATE OF BIRTH (month, day, year) Sept. 15, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35.	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Amos Davis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucinda Shipley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John C. Gibson

(Address) 201 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon, Pk. Date Jan. 21, 1933

19. UNDERTAKER Harry A. Curtis & Son

(Address) 401 Edgewood Ave.

20. FILED 1933 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1933 to 1-19, 1933

I last saw h.w alive on 1-19, 1933 death is said to have occurred on the date stated above, at 6.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis (abortion) Septicemia	1-15-33
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B. Young, M. D.

(Address) W. B. & A.

30—M. & T.—100 B—50L

E 86830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86830

CERTIFICATE OF DEATH

194-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 S. Parrish St. ST. 14-06 (WARD)

2-FULL NAME Walter E. Davenport.

(a) RESIDENCE NO 307 S. Parrish St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 27, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Davenport.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton, Md.

12 MAIDEN NAME OF MOTHER Anna Bryan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Anna Davenport. (mother)

(Address) 307 S. Parrish St.

15 FILED JAN 20 1933 112 Huntington Williams, M.D. Registrar R. C. 1.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Obstruction of the Trachea by a piece of apple.
Occidental suffocation.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/21 1933

20 UNDERTAKER Harry H. Weitzke

ADDRESS 401 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86831

68972

86831

CERTIFICATE OF DEATH

Registered No. 19-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-E St., 7-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Whitaker

(a) Residence: No. 810 Shuter St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Lee Whitaker

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Estie (?) unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Date 1-21st 1933

19. UNDERTAKER Jas. Mc Shinnes (Address) 1628 E. Lond Ave

Hamilton Williams, Registrar

JAN 21 1933

B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 19, 1933

that I saw her alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 730 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Pneumococcus meningitis	1/14
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H Washington Jun M. D.

(Address) Johns Hopkins Hosp. Balto Md

D. B. 1268-9

Johnson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86832

86832

CERTIFICATE OF DEATH

184

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Johnson

(a) Residence: No. 910 Hilliman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5/1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Mason Johnson

14. BIRTHPLACE (city or town) (State or country) King George Co., Va

15. MAIDEN NAME Goldie Bell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mason Johnson

(Address) 910 Hilliman St

18. BURIAL, CREMATION, OR REMOVAL

Final ... Date Jan. 21 1933

19. UNDERTAKER Robert H. Williams

(Address) 1515 McCulloh St

20. FILED Jan 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 3.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot of brain (Left Parietal Region)	Jan 17/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ..... 19.....

Where did injury occur? 910 Hilliman St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home age 6 yrs

Manner of injury Small brother shot sister

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. H. Coleman M. D.

Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

86833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86833

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 108 Registered No.

CITY OF BALTIMORE: (No. Balto. md, St. 76-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane L Herron

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Sept. 11 ?

7. AGE — Years 88 | Months - 4 | Days — 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph D.

14. BIRTHPLACE (city or town) (State or country) Rhode Island

MOTHER

15. MAIDEN NAME Angeline Record

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Govans Presbyterian Church Cemetery Date Jan 21, 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. Jan 21 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-33

22. I HEREBY CERTIFY, That I attended deceased from 1-13-33 to 1-19-33

I last saw h.lt. alive on 1-19-33 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	1-11-33
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

1-19-33 Elmer Hinbert M.D.
(Signed)

(Address) Balto. City Hospitals

D. H. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86834

86834

CERTIFICATE OF DEATH

Registered No. 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Larry Jackson

(a) Residence: No. 1133 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

(1133 Harlem Ave)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mukuan

6. DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mary Green

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Oscar Green

(Address) Alexandria Va

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/21 1933

UNDERTAKER Bernard P. Kelly

(Address) 81 N. Bruce Ave Catonsville Md

FILED 1-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 a 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Buck Coroner M. D.

(Address) ...

H. D. B. 1268-9

E 86835 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1001 E 86835

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Earl Wilhelm

(a) Residence: No. Parkton, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 30, 32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Inquest necessary
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Parkton, Maryland
13. NAME Frederick Earl Wilhelm
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Ruth Johnson
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT F. E. Wilhelm
(Address) Parkton, Balto Co, Md
18. BURIAL, CREMATION, OR REMOVAL
Place Forest, Balto Co. Date Jan 1st, 1933
19. UNDERTAKER Wm C Reed & Son
(Address) Govans, Md.
20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933 to Jan 20, 1933
I last saw h.. alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 3.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Fever	
Otitis Media Left	

Other contributory causes of importance:
Bronchopneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Sheridan, M. D.
(Address) Franklin Square Hospital

M. D. B. 1208-0

86836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 86836

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Chester St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Andrzej Nietubicz

(a) Residence: No. 215 S Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE Josephine Nietubicz

6. DATE OF BIRTH (month, day, year) 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Nietubicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Nietubicz
(Address) 215 S Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Jan 23 1933

19. UNDERTAKER J W Brzeski
(Address) 1900 Eastern Ave

20. FILED JAN 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933 to Jan 18 1933

I last saw h/ alive on Jan 18 1933 Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Myocardial Insufficiency	
Terminal Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fredk F. Menger M. D.

(Address) 209 S. Chester St

M. D. B. 1268-9

86837 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 86837

CERTIFICATE OF DEATH

93-004

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Aliceanna St. 2-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Dombrowski

(a) Residence: No. 1619 Aliceanna St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica Dombrowski

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Dombrowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Anna Szymanska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Dombrowski
(Address) 1619 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Jan 23 1933

19. UNDERTAKER W. Orzechowski
(Address) 1930 Fleetwood Ave

Filed JAN 21 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933 to Jan. 19, 1933

I last saw h. alive on Jan. 19, 1933 Death is said to have occurred on the date stated above, at 6:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Bronchial Asthma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Casimir Kuszewski M. D.

1/20/33 (Address) 2079 Eastern Ave.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86838

CERTIFICATE OF DEATH

59 E 86838

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 27-81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcha Jackson

(a) Residence: No. Swartz Av. (Towns) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 1 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME of Father Jackson Va.

14. BIRTHPLACE (city or town) (State or country) Blackstone Va.

14. MAIDEN NAME of Mother Pennant Tucker

14. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Henry Jackson
(Address) Swartz Av. (Towns)

BURIAL, CREMATION, OR REMOVAL

Place Blackstone Va. Date Jan. 21 1933

UNDERTAKER George T. G. Gibson
(Address) 1235 Druid Hill Ave. Washington Funeral Home, Inc.

FILED JAN 21 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Jan 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
2 Days	

Other contributory causes of importance: Diabetes 3 months

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuch Coroner M. D.

(Address)

M. D. B. 1268-9

86839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 86839

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3039 Chesterfield Ave St., E Ward)
Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie A. Nagel
(a) Residence: No. 3039 Chesterfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Nagel
6. DATE OF BIRTH (month, day, year): Sept 15 72
7. AGE: Years 60 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER
13. NAME: Wm Vincent
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Antonette
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: George Nagel
(Address): 3039 Chesterfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: 1/23/33

19. UNDERTAKER: Philip Perring & Sons
(Address): 3616 Orleans St

20. FILED ... Registrar.

JAN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 19 33 to Jan 20 19 33
last saw h[er] alive on Jan 20 19 33. Death is said to have occurred on the date stated above, at 3 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1st
Arteriosclerosis	
Hypertension	
Hemiplegia	

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred Aurora M. D.
(Address) 600 N Eutaw St

M. D. B. 1268-9

36840 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36840

CERTIFICATE OF DEATH

× 93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-01 St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Brown Sullivan

(a) Residence: No. ..... St., Custerstown Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll Sullivan

6. DATE OF BIRTH (month, day, year) Aug 8th 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	7 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME West Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Bessie Merryman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother, (Address) Custerstown Md

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cem Date Jan 23, 1933

19. UNDERTAKER J. E. Linn & Sons (Address) Custerstown Md

20. FILED Huntington Williams, Registrar. 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1933, to Jan 20th, 1933

I last saw h.. alive on Jan 20th, 1933 Death is said to have occurred on the date stated above, at 10 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonic Heart Disease	Not known

Other contributory causes of importance:

Myocardial Insufficiency	1-3-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Pierce Jr. M. D.

(Address) Union Memorial Hosp.

Spec.—9 30—A. & Co.—250 Bks.

86841 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 86841

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 Woodbine Ave ST. 28-01 WARD)

2. FULL NAME Bettie Anna Mason

(a) RESIDENCE NO. 3604 Woodbine Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
F	W.	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 31-1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Gloucester Co
(State or country) Va

10 NAME OF FATHER Hilton Mason

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Boyston

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Mrs Chas L Dawson
(Address) 3602 Woodbine Ave

15 Filed Jan 21 1933 19 Registrar

411933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to 1-20-33 19
that I last saw h alive on 1-20-33 19
and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH* was as follows: Hypertension Intestinal

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malaria

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?
Did no operation precede death? No Date of
Was there no autopsy?
What test confirmed diagnosis? Laboratory

(Signed) Lucas F Edwards M. D.
(Address) 3600 Woodbine Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 23rd 1933

20 UNDERTAKER Putnam & Poe — ADDRESS 2204 Eutaw St

D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86842 E 86842

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. (or Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alcilda Baker

(a) Residence: No. Hillsboro, Ind. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 15, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 54	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Penna

13. NAME Simon Febringood

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Lydiania Cramer

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT (Address) J. Virgil Mowe Denton Md

BURIAL, CREMATION, OR REMOVAL
Place Denton Md Date Jan 23 1933

UNDERTAKER Wm J. Tucker & Sons
(Address) Denton Md

FILED Jan 27 1933 Huntington Tribble Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18th. 1933. to Jan 20th. 1933.

I last saw h[illegible] alive on Jan 20th. 1933. Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure.	1-20-33
Other contributory causes of importance: Marked Obesity	26 yrs.

Name of operation Hernioplasty Date of 1-26-1933

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John Frederick Simmons M. D.

(Address) University Hospital

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86843

CERTIFICATE OF DEATH.

E 86843

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 E 25th (St.) — (Ward) 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Weller

(a) RESIDENCE. (No.) 1621 E 25th (St.) — (Ward) 9-01

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry A. Weller

6 DATE OF BIRTH (month, day, and year): May 20th 1866

7 AGE: Years 66 Months 7 Days 29

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Gottlieb Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Elizabeth C. Riel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant (Address): Carlton A. Weller 1621 E. 25th st.

15 [illegible] Huntington Williams M.D.

JAN 21 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/19 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to Jan 19, 1933, that I last saw her alive on Jan 19, 1933, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 3 yrs. about mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Edwin F. Magee M. D.

1/19 1933 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 1/2[illegible] 1933

20 UNDERTAKER: E. Sehlomann & Sons — ADDRESS: [illegible]

Spec.—9-30—A. & Co.—250 Blks.

86844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86844

CERTIFICATE OF DEATH.

V 23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2547 Mad Ave ST 13-01 WARD)

2. FULL NAME Louisa Nutter

(a) RESIDENCE NO. 2547 Mad Ave ST.. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	Col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Nutter

7 DATE OF BIRTH (month, day, and year) June 28-98

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	6	22	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Herbert Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Janie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Ralph Nutter
(Address) 2547 Mad Ave

15 Filed 1-20 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/33

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Jan 19 1933

that I last saw h[illegible] alive on Jan 19 1933

and that death occurred, on the date stated above, at 1 05 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher M. D.

1/20 1933 (Address) 1915 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon — DATE OF BURIAL 1-22-1933

20 UNDERTAKER Wm H Chase & Son — ADDRESS 638 N Gilmor

ec.—1-30—M. & T.—250 Bks.

86845 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86845

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1020 N. Durham ST. 7-01 (WARD)

2-FULL NAME Mary Hutton Smith

(a) RESIDENCE NO. 1020 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of James F. Smith

DATE OF BIRTH (month, day, and year) Sept 25 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	3	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer

BIRTHPLACE (city or town) (State or country): St. Marys Co Md

10 NAME OF FATHER: Joseph Travers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosie Milbourne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Lucy F. Frenwick

(Address): Rutland Ave Huntington Williams, N.Y.

Filed Jan 21 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 19, 1933

17 I HEREBY CERTIFY, That I attended deceased from May, 19 32, to Jan 19, 19 33,

that I last saw her alive on Jan 18, 19 33,

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Generalized Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Crosby M. D.

1-20, 19 33 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holly Grove S. Marys Co

DATE OF BURIAL: Jan 22 1933

20 UNDERTAKER: Sam'l W. Chase Sons

ADDRESS: 638 N. Gilmor

D. B. 1268-9

86846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 86846

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Ridgewood Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel M. Singer

(a) Residence: No. 4110 Ridgewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie L. Singer

DATE OF BIRTH (month, day, year) Junel, 1871.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mnfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Singer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ? Katzenellenblogen

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mr. A. Singer (Son)
(Address) 4000 Oakford Ave.

BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Heb. Cem. Date Jan. 22, 1933

UNDERTAKER Harris Leadbeater & Son
(Address) 1902 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1925 to Jan 20 1933

I last saw h.. alive on Jan 20 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Nov 1932
acute nephritis	Nov 1932
Other contributory causes of importance:	
Dropsy	1900.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Solomon M. D.

(Address) 1810 Eutaw Place

M. D. B. 1268-0

86847 E 86847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Johnson

(a) Residence: No. Fallston Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie Johnson

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pennsylvania Ave Date Jan 23 1933

19. UNDERTAKER Hoskeger & Gross. (Address) Baltimore Md

20. FILED ..... 19..... Registrar

N 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to Jan 21 1933

I last saw him alive on Jan 21 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Emphysema	
Myocardial Failure	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Bradley M. D.

(Address) Johns Hopkins Hospital

. D. B. 1268-9

6848 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86848

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

ength of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Jacob Freeman

(a) Residence: No. 1719 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rebecca

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 672

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Freeman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Edith

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Freeman - Son
(Address) 3005 Dennison St

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Rd Date 1-22-33 19...

19. UNDERTAKER Clark Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED JAN 22 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1933 to Jan 20 1933

I last saw h. alive on Jan. 20 1933 Death is said to have occurred on the date stated above, at 1 55P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Uremia	3 days
Pneumonia	36 hrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

H. D. B. 1268-9

86849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86849

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Ashland St., 7-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 2 yrs. ... mos. ... ds.

2. FULL NAME David Sakalosky

(a) Residence: No. 1618 E. Ashland St., and Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lannie

DATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & Dyeing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Anna Sakalosky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah G. Cuson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Sakalosky

(Address) 1548 Bonna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Suburban Cem. Date 1-22-33 19

19. UNDERTAKER Beck & Levi Co.

(Address) 1432-41 E. Baltimore St.

Filed Jan 21 1933 Wilmer Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Jan 21 1933

I last saw him alive on Jan 21 1933. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X-ray & physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. S. Hornstein, M. D.

1/21/33 (Address) 733 Argonne Dr

D. B. 1268-9

86850 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86850

CERTIFICATE OF DEATH

Registered No. 89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Turnbull

(a) Residence: No. Joppa Rd. Carney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male / Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Myrtle Turnbull Pauline

DATE OF BIRTH (month, day, year) Nov. 6. 1894

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farming

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME OF FATHER George Turnbull

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME OF MOTHER Annie Vansyoyn

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT Mrs. Myrtle Turnbull

(Address) Joppa Road Carney Md

BURIAL, CREMATION, OR REMOVAL Place St John's Lutheran Cemetery Date Jan 23, 1933

UNDERTAKER Elmer W. Conklin

(Address) 922 E. Eager St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19. 1933 to Jan. 20. 1933

I last saw h[illegible] alive on Jan 20. 1933 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis, Media acute	Jan 4/33
Meningitis - pneumococcus.	Jan 18

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milford H. Spreches M. D.

(Address) University Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86851

86851

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

1. PLACE OF DEATH Woman's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 30 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Fuller #3

(a) Residence: No. 810 McCabe Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 21, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Benj. Fuller

14. BIRTHPLACE (city or town) (State or country) Penn Dem-Pennsylvania

15. MAIDEN NAME Nora Burgess

16. BIRTHPLACE (city or town) (State or country) Atlanta Georgia

17. INFORMANT Benj. Fuller

(Address) 810 N. Caba Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1/23 1933

19. UNDERTAKER Wm Leigh & Son

(Address) 1217 E. Fayette St

20. FILED 1-27-1933 Hunting Town Wilkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932 to Jan 19, 1933

I last saw h alive on Jan 14, 1933 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature, Infant	1-19-33

Other contributory causes of importance:

Premature infant (2 months premature)	12-20-33

Name of operation — Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Marion P. Johnson M. D.

(Signed) Woman's Hospital

(Address) .....

M. D. B. 1268-9

6852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86852

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Charles St. 22-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 8 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Addie Starkey

(a) Residence: No. 714 S. Charles St., ... Ward. Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm H. Starkey

6. DATE OF BIRTH (month, day, year) June 2nd 1866

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
66	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

MOTHER FATHER

13. NAME David Wilson

14. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

MOTHER

15. MAIDEN NAME Phebe Haycock

16. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

17. INFORMANT Mrs Phebe Clough

(Address) 714 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 24th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

(Signed) ..... Registrar.

JAN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1932 to Jan. 21 1933

I last saw her alive on Jan 20 1933. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Several years
Other contributory causes of importance: Dementia	2 mos

Name of operation not any Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓ 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. B. Dayton M. D.

(Address) 309 E. Conn St

M. D. B. 1268-9 E86853 E86853

26598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guiseppe Arena

(a) Residence: No. 153 Pennsylvania Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cem Date Jan 23, 1933

19. UNDERTAKER Frank V. Pipitone

(Address) 2815 E. Baltimore St.

20. FILED [illegible] Registrar.

122 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 20, 1933

I last saw h[illegible] alive on Jan 20, 1933. Death is said to have occurred on the date stated above, at 11 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? B.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline G. Bedell M. D.

(Address) Johns Hopkins Hospital

86854 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86854

93-003

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St., 10 Ward)

2-FULL NAME Sarah Mc Cready

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Mc Cready

DATE OF BIRTH (month, day, and year): 1859

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Baltimore

10 NAME OF FATHER: John Mc Call

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Mooney

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

Informant: Sister Stanislas

(Address): Superior 1200 Valley St.

Filed ... 1933 Hunting ... William ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 21st 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th 1933 to Jan 21st 1933; that I last saw her alive on Jan 21st 1933; and that death occurred, on the date stated above, at 5:10 p.m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

Arterio Sclerosis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Mc Carthy, M. D.

1/22, 1933 (Address) 1114 Hanford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Jan 23 1933

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Greenmount Ave

H. D. H. 1268-9

86855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86855

51

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-01 (Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Lichenthal

(a) Residence: No. 833 W. North Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 6 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Travel-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ing Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hirsch Lichenthal

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Amelia Goldsmith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. A. Lichenthal

(Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Meb. Date 1/23/ 1933

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED 1/23/1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to Jan. 21, 1933

I last saw him alive on Jan. 21, 1933 Death is said to have occurred on the date stated above, at 8 35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal broncho-pneumonia	1-19-33
Carcinoma of bladder i metastases.	2 Yrs.

Other contributory causes of importance:

8-2432

Resection of bladder tumor, implant. ureters

Name of operation Transplantation of ureters Date of 12-13-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

AACo. 5-31-2500

86856

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86856

CERTIFICATE OF DEATH

107-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 N. Wolfe St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Eliza Dyer

(a) Residence: No. 726 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles G. Lucas

DATE OF BIRTH (month, day, year) Dec 22 (about) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	(about) 78	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Samuel Phillips

14. BIRTHPLACE (city or town) Richmond Va
(State or country)

15. MAIDEN NAME Grace Davis

16. BIRTHPLACE (city or town) Winchester Va
(State or country)

17. INFORMANT Mrs. Mary A. Douglas
(Address) 726 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan 23, 1933

19. UNDERTAKER J. Leo Loudenslager
(Address) 420 N. Broadway

20. FILED Jan 27 1933 Hunter [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Jan 19, 1933

I last saw her alive on Jan 19, 1933 death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. H. Hunter, M. D.

1/21/33 (Address) 733 Eutaw St

M. D. E. 1268-9

86857 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86857

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, md St. Lib Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Jefferson

(a) Residence: No. 729 Wicken St Franche St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Jefferson

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Zania Jefferson

14. BIRTHPLACE (city or town) (State or country) ,

MOTHER

15. MAIDEN NAME Dolly ,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan. 22, 1933

19. UNDERTAKER Mrs Katie L. Williams

(Address) 3220 Lehmann St

20. FILED Jan 22 1933 Katie L. Williams M.D.

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-33

22. I HEREBY CERTIFY, That I attended deceased from 12-27-32 to 1-19-33

I last saw h.. alive on 1-19-33 Death is said to have occurred on the date stated above, at 11:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	6-1-32

Other contributory causes of importance:

Bronchopneumonia	1-15-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1-20-33 (Signed) Chas. H. Faber M. D.

(Address) Balto. City Hospitals

M. D. R. 1-2-58

E 86858 / 26908 9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86858

CERTIFICATE OF DEATH X 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Meta Krone

(a) Residence: No. 5 alden Place St., ... Ward. Bronxville N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Krone

6. DATE OF BIRTH (month, day, year) July 1888

7. AGE Years 44 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Louis Mosson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nellie Stornthal

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New York N Y Date Jan 22 1933

19. UNDERTAKER John C. Mitchell & Son
(Address) 1905 Eutaw Place

20. FILED 2-2 1933 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 22 1933
I last saw her alive on Jan 22 1933 Death is said to have occurred on the date stated above, at 4 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (glioma)	1932

Other contributory causes of importance: None

Name of operation Right Craniotomy Date of 1-21-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimbel M. D.

(Address) The Johns Hopkins Hospital

E 86859

36859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Stromberg

(a) Residence: No. 359 Maydell Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 20 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Chas. H Stromberg

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Margaret Rourke

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Chas H Stromberg
(Address) 359 Maydell Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 1/23, 33

19. UNDERTAKER Engel Sons
(Address) Fulton & Fayette

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-4-, 1932 to 1-20, 1933

I last saw him alive on 1-20, 1933. Death is said to have occurred on the date stated above, at 4.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Terminal Pneumonia	
	20 yr
Other contributory causes of importance:	
	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) N. Alfred Vollmer M. D.

(Address) St Agnes Hos

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 86860

6860

CERTIFICATE OF DEATH

70-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Truszkowski

(a) Residence: No. 705 Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 13, 1922

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 24 min.
	10	8	5 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Peter Truszkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Bertha Dabrowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 23 1933

19. UNDERTAKER John M Wiley
(Address) 401 S. Chester St

FILED JAN 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933 to Jan 19, 1933

I last saw him alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 12.35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemophilia	5 years
Intra abdominal Hemorrhage	48 hrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. F. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

86861 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86861

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore md 5-C St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah F. Stewart

(a) Residence: No. 651 Stirling St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? 9-16-1866

6. DATE OF BIRTH (month, day, year) 9-16-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Onancock Va

FATHER

13. NAME Moses Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Tilley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 1-22 1933

19. UNDERTAKER Byron & Manis & Wright
(Address) 2131 Mc Elderry St

20. FILED [illegible] Registrar

1/23/1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-11 1933 to 1-19 1933

I last saw h[illegible] alive on 1-19 1933 Death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage int Cerebrum left	1-19-33
Other contributory causes of importance: Hemorrhage int Cerebrum	10-21-30

Name of operation Non Performed Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-20-33 (Signed) Clem Asbury M. D.

(Address) Balto City Hospitals

D. B. 1268-9

Pawlak ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 86862

86862

164-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Lancaster St. 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Pawlak

(a) Residence: No. 1626 Lancaster St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 14 1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 86

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Peter Pawlak

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Michalena Wozniak

16. BIRTHPLACE (city or town) Poland
(State or country)

INFORMANT Ed Pawlak
(Address) 1626 Lancaster St

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Jan 23rd, 1933

UNDERTAKER George A. Weber
(Address) 105 S Conkling St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h. alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Jan 20, 1933

Where did injury occur? 1626 Lancaster St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Gas.

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leland Mitchell M. D.
Coroner

(Address) 120 N Eutaw St

M. D. B. 1268-9

86863 E 86863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Eastern Ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 62 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Sobczak

(a) Residence: No. 2707 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced ~~Husband of~~ WIFE of Maciej Sobczak

6. DATE OF BIRTH (month, day, year) Dec, 13/1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	I	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Thomas Studzinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Maciej Sobczak
(Address) 2707 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Jan. 24th 33

19. UNDERTAKER George A Weber
(Address) 705 S Ann Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th. 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/20/32. 19..... to Jan 20/33. 19.....
I last saw h.. alive on Jan 19/33 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 Y
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Raoul Dichey M. D.

(Address) 316 S Patterson

M. D. B. 1268-9

Nittinger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86864

86864

CERTIFICATE OF DEATH

107-001

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Dorothy Nittinger

(a) Residence: No. 1632 N. Durham St., ...Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/25/32

7. AGE — Years | Months: 10 | Days: 26 | If LESS than 1 day ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Ernest T. Nittinger

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Virginia Smith

16. BIRTHPLACE (city or town) (State or country): Wooster Md

17. INFORMANT: Mrs. Virginia Nittinger

(Address) 1632 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem. Date: 1/23/33

19. UNDERTAKER: George J. Ruth Son

(Address) 1733 Pennsylvania Ave

20. FILED ...19... Registrar

JAN 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Jan 20, 1933

I last saw him alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 1115 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho Pneumonia	12/25/32

Other contributory causes of importance:

Toxemia

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Albert Kornreich M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

E 86865

HEALTH DEPARTMENT—CITY OF BALTIMORE

86865

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beverly Colledge

(a) Residence: No. 413 N. Wolf St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 13 1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles Coldridge

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Shirley Blatchkin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Levis Dr

(Address) 1437 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-27-33 19

19. UNDERTAKER Jackson Levy

(Address) 1437 E. Baltimore St

20. FILED 1-27-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/33 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/33 19 to 1/22/33 19

I last saw h.. alive on 1/22/33 19 Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Right Lung	1/10/33
Empyema	1/16/33

Other contributory causes of importance:

Name of operation Closed drainage Date of 1/17/33

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

F. D. B. 12614

86866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86866

11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Catherine & Wilkens Ave
CITY OF BALTIMORE: (No. 900 St. Agnes Hos St.) Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ruby E. Hudgins

(a) Residence: No. ~~73 so Elgin~~ or 4606 Towanda or St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellis B. Hudgins

DATE OF BIRTH (month, day, year) June 16 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Otis Callis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ruby F. Rushers

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs L. A. Bochter
(Address) 3300 Elgin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Marshall Va Date Jan 25 1933

19. UNDERTAKER John F. Denny
(Address) 715 Eutaw Place

20. FILED JAN 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932 to Jan 21 1933
I last saw h or alive on 1/21/33 Death is said to have occurred on the date stated above, at 2 15 p m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

1. Intestinal stoppage complicated with pregnancy 1½ mos.
2. Immediate cause - Cardiac failure.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Or specify

(Signed) Wm. D. Hartman M. D.
(Address) 1331 N. Eutaw Ave

M. D. B. 1268-9

E 86867

86867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 66-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 7-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Young

(a) Residence: No. 210 Market St., Ward. Frederick Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. U.S.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Alice Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 1/24 1933
Mt Olivet Frederick Md

19. UNDERTAKER C. E. Cline & Son
(Address) Frederick Md

[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1932 to Jan 22, 1933

I last saw him alive on Jan 22, 1933. Death is said to have occurred on the date stated above, at 4:25 A.m.

The principal cause of death and related causes of importance were as follows:

Thrombosis coronis — Date of onset 1926
Post-Operative Pneumonia

Other contributory causes of importance:

auricular fibrillation
cardiac failure

Name of operation Bronchoscopic Lobectomy Date of 1-19-33

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-6

E 86868

E 86868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 W. Cross St. 21-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia L. Ogilvie

(a) Residence: No. 831 W. Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of John M. Ogilvie

6. DATE OF BIRTH (month, day, year) Nov 25th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas B. Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Nolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia Brown
(Address) 831 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Date Jan 25th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED JAN 25 1933 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th 1933 to Jan 21st 1933

I last saw h[illegible] alive on 1/21 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X

Manner of injury X X X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Leuthauser M. D.

(Address) 1340 S Charles

M. D. B. 1208-A

E 86869

86869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 N. Bradford St., 7-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred R. Hume

(a) Residence: No. 528 N. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 15th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Geo. W. Hume

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lula Oliff

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Alfred Hume

(Address) 528 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 24th 1933

19. UNDERTAKER Wm Cook

(Address) 217 S. Paca St

20. FILED JAN 23 1933 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1933 to Jan. 22 1933

I last saw him alive on Jan. 21 1933 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1/21/33
Lobar pneumonia	1/15/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Sohlad M. D.

(Address) 447 N. Kenwood Ave.

1-30—M. & T.—100 B—50L

E 86870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86870

82-001

CERTIFICATE OF DEATH

REGISTERED NO. E

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 27-01 WARD)

2-FULL NAME Catherine A. Harris.

(a) RESIDENCE NO 5115 Ardmore Way. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs ---mos.--- ds. How long in U. S., if of foreign birth? 10 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Howard T. Harris.

6 DATE OF BIRTH (month, day, and year) April ? 1899.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	33	9	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER Joseph Backus.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania.

14 Informant Howard T. Harris. (husband)

(Address) 5115 Ardmore Way.

15 Filed JAN 23 1933, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 5115 Ardmore Way. January 20, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Mortenhardt, M. D. Coroner

1/21/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 1/24/1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1208-9

86871

HEALTH DEPARTMENT—CITY OF BALTIMORE

86871

CERTIFICATE OF DEATH

Registered No. V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Fleet St. 2-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Langrehr

(a) Residence: No. 1911 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John W. Langrehr

6. DATE OF BIRTH (month, day, year) Nov 5th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Herman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Langrehr
(Address) 1637 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 24th 1933

19. UNDERTAKER Wm Cook
(Address) 4217 St Paul St

Filed Jan 23 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-16-30 to 1-21-33, 19..... (or) I last saw h..... alive on 1-21, 1933 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	6 days ago
Other contributory causes of importance: Chronic Interstitial Nephritis	4 yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ward Miller M. D.

(Address) 1500 Bond

M. D. B. 136

E 86872

E 86872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Glover St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna L. Finn

(a) Residence: No. 132 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-27-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jeremiah Finn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Conkley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Kelly

(Address) 132 Glover St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross (Hampden) Date 1-23, 1933

19. UNDERTAKER Leonard Rycroft

(Address) 205 Hollins St.

20. FILED 1-23-1933 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1933 to Jan 20, 1933

I last saw her alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 17/33
Other contributory causes of importance: Cardiac Dilatation	Jan 20/33

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) P. J. Kelly M. D.

(Address) Leonard Rycroft

D. B. 1268-9

E 86873

86873 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Frendly Inn.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 309 S. Sharp St. 22-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank R. Marshall

(a) Residence: No. 309 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Marshall

DATE OF BIRTH (month, day, year) (66)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. George Eckert & Co

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

13. NAME Richard Marshall

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna Maria --------

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mr. Frank R. Marshall, Jr.
(Address) 2205 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 23, 1933

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

23 JAN 1933 Huntington Philadelphia, Pa.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19... to inquiry, 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 4.30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify. ...

(Signed) Otto M. Reinhardt M.D. Coroner

(Address) 1017 S. Charles St.

M. D. R. 1268-9

E 86874

86874 / 26614

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Nusbaum (Harry Clifford Nusbaum)

(a) Residence: No. 2810 Keyworth Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): November 17, 1883

7. AGE: Years 49 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): October 1928

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Frederick County Md

FATHER

13. NAME: Michael Nusbaum

14. BIRTHPLACE (city or town) (State or country): Frederick County Md

MOTHER

15. MAIDEN NAME: Joanna Megee Myers

16. BIRTHPLACE (city or town) (State or country): Frederick County Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Union Chapel near Libertytown, Md. Date Jan. 23 1933

19. UNDERTAKER (Address): Joseph H. Cook 1003 W. Baltimore St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Jan 20, 1933

I last saw him alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

Aneurysm aorta, ruptured into pleural cavity, right & lung, right. — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean G. Clark M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 86875

86875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals ✓ 23

CITY OF BALTIMORE: (No. Baltimore, Md. St., 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Cowley

(a) Residence: No. 1415 Thames St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Apt. 1, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Cowley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dunford

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, Hospital Vault
Place Holy Cross Cem. Date 1/23, 1933

19. UNDERTAKER Leo F Cook
(Address) 1723 N Patterson Park ave

LICENSE 231933 Huntington Ave. Balto. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-33

22. I HEREBY CERTIFY, That I attended deceased from 1-17-33 to 1-20-33

I last saw him alive on 1-20-33 Death is said to have occurred on the date stated above, at 10:19 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	3-1-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

1-22-33 If so, specify

(Signed) Elmer Hamburger M. D.

(Address) Balto. City Hospitals

. D. B. 1268-0

86876 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86876

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH S.S. Providence
CITY OF BALTIMORE: (No.) Merchants & Miners Co. 22-01 (Ward)
Pier 3 Pratt St
Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Edward Allen

(a) Residence: No. 311 Flagler Ave St., ... Ward.
(Usual place of abode) near W Palm Beach (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 7th 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3rd Mate on S.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Providence

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Palm Beach Fla

13. NAME unknown Allen

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT T. H. Swank
(Address) Merchants & Miners Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1-23 1933

19. UNDERTAKER Wm J. Tuckner & Son
(Address) North & Pr

Filed JAN 23 1933 Hattie Lee Williamson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw him alive on January 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Thrombosis of Coronary Artery

Name of operation none Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton M. D.
Coroner
1/21/33 (Address) 700 E Chase St

. D. B. 1268-9

E 86877

86877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1009 Myrtle Av St. 17-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida M. Hopkins

(a) Residence: No. 1009 Myrtle Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Owens

(Address) 1009 Myrtle Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/23 1933

19. UNDERTAKER Samuel G. Hawkins

(Address) 3 E. Lexington St

FILED 23 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
6 months	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold Brown M. D.
Coroner

(Address) .....

H. D. B. 1268-9

E 86878

86878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Edmondson Ave St., 17th Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Warren

(a) Residence: No. 704 Edmondson Ave St., 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Douglas Warren

DATE OF BIRTH (month, day, year) Mar 10 - 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME unknown (Dau)

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Frank Warren

(Address) 704 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-25 1933

19. UNDERTAKER Samuel T Hemsley

(Address) 328 N Bridge St

FILED 1-23 1933 Hattie [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANY 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from JANY 2 1933 to JANY 20 1933

I last saw h[illegible] alive on JANY 19 1933 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cor Insufficiency	
Nephritis	1932
(b) Chr Hypertension	1932
Other contributory causes of importance:	
Asthma	
Eczema	1931

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas T. Chandler M. D.

(Address) 3013 St Paul St

M. D. B. 1268-9

for Brown - Medical Arts Bldg.

86879 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 86879

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Lehman Ave St.) 20-11 Ward)

Registered No.....

(If death occured in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 5 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Richard L. Edley

(a) Residence: No. 2633 Lehman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Aug 14, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

FATHER

13. NAME: Clifton C. Edley

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Delma M. Wingate

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Delma M. Edley
(Address): 2633 Lehman Ave.

18. BURIAL, CREMATION, OR REMOVAL: Western Date: Jan 23, 1933

19. UNDERTAKER: Chunowith & Son
(Address): 2633 Lehman Ave

... Registrar.

JAN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1933 to 1/21, 1933

I last saw him alive on 1/21, 1933 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco-Pneumonia	1/19/33
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James J. Brown M. D.

(Address) 705 Medical Arts Bldg

1-30—M. & T.—100 B—50L

E 86880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86880

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 219 N.Parrish St. ST. 14-01 (WARD)

2-FULL NAME Bessie Jones.(C)

(a) RESIDENCE NO 219 N.Parrish St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Joseph Jones(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	----------	----------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Milton Gantz.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma --------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant George Brown(C)

(Address) 219 N.Parrish St.

15 JAN 23 1933 Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1933[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm M. Feinstadt, Coroner, M. D.

1/18/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Jan 22nd 1933

20 UNDERTAKER A. Jones ADDRESS 116 S. Gilmor

86881 Malat ✓ 86881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E. Fort Ave 24-1 Ward)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S. If of foreign birth? ✓ yrs. ... mos. ... ds.

2. FULL NAME Daniel Malat

(a) Residence: No. 1620 E. Fort Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

7. DATE OF BIRTH (month, day, year) July 9 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) — ✓

11. Total time (years) spent in this occupation — ✓

12. BIRTHPLACE (city or town) (State or country) Butte Mt

13. NAME Anthony Malat

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Josephine Gac

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr Anthony Malat
(Address) 1620 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Jan 23 19 33

19. UNDERTAKER Chas R Stevens
(Address) 1501 E Fort Ave

JAN 23 1933 Hunting Park Williams Reg. No. 7-2212

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 19 33 to Jan. 21 19 33
last saw h[illegible] alive on Jan. 21 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	Jan 20
Other contributory causes of importance:	
Congestion of Lungs	3 hr.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) H. J. Hatz M. D.

(Address) 516 Eutaw St.

M. D. B. 1268-6

86882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86882

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: William Dahl Jr.

(a) Residence: No. 3922 Fait Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 6 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME William Dahl

FATHER

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mabel Carpenter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs William Dahl

(Address) 3922 Fait St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Carmel Cem. Date Jan 23 1933

19. UNDERTAKER George W. Zirkle

(Address) 1737 E Eager St

20. [illegible] Registrar.

1231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1933 to January 20, 1933

I last saw him alive on January 20, 1933 Death is said to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	12-31-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 66883

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. John A. Roberts

(a) Residence: No. 446 St. Thomas Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE~~ Carrie M. Roberts

6. DATE OF BIRTH (month, day, year) Nov. 16 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Ernst Roberts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Boyd E. Roberts (Address) 4314 Raven Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Jan. 23 1933

19. UNDERTAKER John C. Fuller (Address) 1426 E. Baltimore St.

JAN 23 1933 Huntington Hilliard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1933, to Jan. 20, 1933

I last saw h.e.s.h. alive on Jan. 20, 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1901
Gastric Hemorrhage	1/19/33

Other contributory causes of importance:

Arteriosclerosis	
Chronic myocarditis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) St. Joseph's Hospital

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86884 — 93-003 — E 86884

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3102 Howard Park Ave. St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Rehberger

(a) RESIDENCE NO. 3102 Howard Park Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rehberger

6 DATE OF BIRTH (month, day, and year) November 25, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	82	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician (retired 6yrs)

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Frank Valentine Rehberger

11 BIRTHPLACE OF FATHER (City or town) Hesse Darmstadt

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna C. Zebelein

13 BIRTHPLACE OF MOTHER (city or town) Bavaria,

(State or country) Germany

14 Informant Elizabeth Rehberger (Wife)

(Address) 3102 Howard Park Ave.

15 Filed JAN 23 1933, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1933, to Jan 23, 1933, that I last saw h.. alive on Jan. 22, 1933, and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

myocarditis chronic (duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George E. Rehberger, M. D.

, 19 (Address) Phoenix, R.F.D. 1, Maryland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Park Cem

Date of Burial Jan 24 1933

20 UNDERTAKER Kelly & Feiler Inc

ADDRESS 403 N. Howard St

Spec.—9-30—A. & Co.—250 Bks

E 86885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 313 S. East Ave. St 26 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frederick Geo. DELAMBO.

(a) RESIDENCE NO. 313 S. East Ave. ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6 DATE OF BIRTH (month, day, and year) July 13 1929.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER Michael J. Delambo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Marie A. Hoesch.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Michael J. Delambo (Father)
(Address) 313 S. East Ave.

15 Filed ..... 19 ..... Registrar

JAN 23 1933

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1933.

17 I HEREBY CERTIFY, That I attended deceased from 1-9-33. 19 ..... to 1-20-33 19

that I last saw h[illegible] alive on 1-20-33 19

and that death occurred, on the date stated above, at 5 [illegible] p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Streptococcic)

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of?

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Hulla M.D. M. D.

1-24-33 19 (Address) 2214 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Jan. 23 1933

20 UNDERTAKER Tillyer Zeiler Inc. ADDRESS 403 S. Wolfe St.

M. D. B. 1268-9

E 86886

86886 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 76-01 Ward)

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Wascelin

(a) Residence: No. 1215 S. Clinton ave. St., ... Ward. E IV

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Wascelin

6. DATE OF BIRTH (month, day, year)			
Oct 10 1863			
7. AGE	**Years**	**Months**	**Days**	**If LESS than 1 day, ... hrs. or ... min.**
	69	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1927

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Traffic Watchman

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr. John Wascelin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs. Anna Hefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Relative

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Jan. 24 1933

19. UNDERTAKER Lilly & Geiger Inc.

(Address) 403 S. Wolfe St.

20. FILED Jan 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Jan 21 1933

I last saw him alive on Jan 21 1933 Death is said to have occurred on the date stated above, at 8:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Jan 1933
Carcinoma of esophagus	0
Arteriosclerosis	0
Chronic bronchitis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard V. Hoover M. D.

(Address) Church Home & Infirmary's

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE 86887.

86887

CERTIFICATE OF DEATH

V 93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413-E-Fairmount Ave. St., 76-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Etta Hunt

(a) Residence: No. 3413-E-Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Hunt

6. DATE OF BIRTH (month, day, year) June 21st 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME James Cook

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Ella Mobley

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Mrs Mary Rice

(Address) 3210 Madison St

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Date 1/24/ 1933

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

JAN 23 1933 19... Huntington Wm. ..., M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec ....., 19 31, to 1/21 ....., 1933

I last saw her alive on 1/21 1933 death is said to have occurred on the date stated above, at 2 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2 yrs.
Other contributory causes of importance:	
Bronchiectasis	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Trevor Hall, M. D.

(Address) 2020 N. Chester St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86888 E 86888

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1271 William St. 24-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Annie M. Seidl.

(a) Residence: No. 1271 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Seidl

6. DATE OF BIRTH (month, day, year) Dec 22nd 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Frances V Baurr.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Theresa Dingle

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Annie M Seidl.
(Address) 1271 William St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date 1-24 1933

19. UNDERTAKER E & B Karle
(Address) 115 E Fred St

20. FILED JAN 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 20 1933

I last saw her alive on Jan 20 1933 Death is said to have occurred on the date stated above, at 6.55 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstial Nephritis.

Date of onset

Other contributory causes of importance:

Secondary Anemia
Arteria Sclerosis
Mucous Colitis

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) Walter Anderson M. D.

(Address) 3001 Shannon Drive

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86889 ✓ 173 E 86889

E 86889

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced daed at

CITY OF BALTIMORE: (No. St. Agnes Hospital. ST. 25-al WARD)

2-FULL NAME Theodore Greer.(C)

(a) RESIDENCE NO Severn, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) April 4, 1903

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	29	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER William Greer.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Jane Gray.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Md.

14 Informant Jane Greer.(C) mother.

(Address) Severn, Md.

15 Filed ..... 192 ..... Registrar

JAN 23 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to a pistol shot wound through the heart.
Homicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Waterloo, Howard Co. Md. January 20, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Geo. M. Steinhardt, M. D. Coroner

1/21/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Mark on Severn Md. DATE OF BURIAL Jan 24 1933

UNDERTAKER Joseph A Lively ADDRESS 4092 N. Howard Street

H. D. B. 1268-9

6890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86890

CERTIFICATE OF DEATH

1861 001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 24-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George McKenzie

(a) Residence: No. 1731 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M McKenzie

DATE OF BIRTH (month, day, year) Nov 29-1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prince Edwards Island Canada

13. NAME Charles McKenzie

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Catherine McLeod

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs Anna M McKenzie 1731 Covington St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 23 1933

19. UNDERTAKER (Address) John F Denny 715 Light St

FILED JAN 23 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Cerebral Hemorrhage	6/16/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/16, 1933

Where did injury occur? Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from Ladder

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while at work

(Signed) ..... M.D.
Coroner

(Address) 6/21/33

M. D. R. 1228-9

86891

F 86891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

260527 Med.

99

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-01 St. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Morris Tisbler

(a) Residence: No. 212 N Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lena

6. DATE OF BIRTH (month, day, year) Mar. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Abraham Tisbler

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cem Date 1-23 1933

19. UNDERTAKER Jack Levin Inc (Address) 1739 E. Balto St.

20. FILED [illegible] Registrar.

JAN 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1933 to 1-22-1933

I last saw h alive on 1-22-1933 Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset

Pulmonary infarction

Other contributory causes of importance:

Cystitis (B. Coli)

Name of operation — Date of

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-0

86892 HEALTH DEPARTMENT—CITY OF BALTIMORE 86892

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Belt Ave. Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Meyers

(a) Residence: No. Alhambra Apts. St., Balto Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Martha Meyers

6. DATE OF BIRTH (month, day, year) 0 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Meyers

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Meyers
(Address) Alhambra Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem. Date 1-23 1933

19. UNDERTAKER Levi Levi Inc.
(Address) 1739-41-43 E. Balto St.

20. FILED 1-23 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1933 to Jan. 21 1933

I last saw him alive on Jan. 21 1933 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia (Post-op)	1-20-33

Other contributory causes of importance:

Cholecystitis? Cholelithiasis?

Name of operation Cholecystectomy Date of 1-19-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

36893

HEALTH DEPARTMENT—CITY OF BALTIMORE B36893

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 46

Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adele Jeffries

(a) Residence: No. 1518 E. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced — 1913
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hebert Jeffries

14. BIRTHPLACE (city or town) (State or country) Va,

MOTHER

15. MAIDEN NAME Lilly Raines

16. BIRTHPLACE (city or town) (State or country) Snowhill Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Cem Date Jan 23 1933

19. UNDERTAKER Robt F. Williams
(Address) 1515 N. Gilmor St

LICENSE 23 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1933 to 1-17 1933

I last saw h.. alive on 1-17 1933 Death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-12 32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-17-33 (Signed) Oliver Eisenberger M. D.
(Address) Balto City Hospitals

M. D.B. 1268-9

E 86894 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86894

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Patterson Pk. Ave 7-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 46 yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Panuska

(a) Residence: No. 813 N. Patterson Pk. Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Panuska

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Joseph Hanzlik

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Panuska

(Address) 1916 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 25/33

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

20. FILED 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from May — 1932 to Jan. 21 1933

I last saw h[illegible] alive on Jan 20 1933 Death is said to have occurred on the date stated above, at 9A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Dementia	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Novak M. D.

(Address) Medical Arts Bldg.

M. D. B. 1268-9

86895 HEALTH DEPARTMENT—CITY OF BALTIMORE 86895

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N. Fulton Ave. Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME James Coscis

(a) Residence: No. 205 N. Fulton Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Coscis

6. DATE OF BIRTH (month, day, year) Nov. 12-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Dan Coscis

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Sara Giglio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Coscis
(Address) 311 N. Paca St

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Date Jan 20 1933

19. UNDERTAKER Leonard F. Rudy
(Address) 5305 Harford Ave

FILED 231933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1933 to Jan. 22, 1933

I last saw h alive on Jan. 22 1933 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 19 1933
Chr. Interstitial Nephritis	1927
Other contributory causes of importance:	
Chr. Myocarditis	1927

Name of operation None Date of

What test confirmed diagnosis? Typical Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. B. 1268-9

86896 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86896

CERTIFICATE OF DEATH

11-002

Registered No.

1. PLACE OF DEATH St Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 40-01 St. Ward)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gabriel Cross

(a) Residence: No. 4119 Massachusetts Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, City

FATHER

13. NAME Hugh E Cross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ethel Flanagan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hugh Cross
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 1-23 1933

19. UNDERTAKER Joseph Taylor & Sons
(Address) Eutaw & Laydale

1-23 1933 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1933 to Jan 22 1933

I last saw him alive on 1-22 1933 Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	
Bilateral Purulent Otitis Media.	
Septic Meningitis	
Terminal Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Van Arsdale M. D.

(Address) St. Agnes Hosp

E 86897

Laborty

E 86897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bayview Asylum St. 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Napoleon ~~(Laborty)~~ Laborty

(a) Residence: No. 706 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva (separated)

6. DATE OF BIRTH (month, day, year) Aug 17 1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Daniel ~~(Laborty)~~ Laborty

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Record Health Dept
(Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/24/ 1933

19. UNDERTAKER John J. Todd & Son
(Address) 901 Hollins St.

FILED JAN 23 1933 Huntington Hillman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1933 to 1-21 1933

I last saw h. alive on 1-21 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	1-16 33

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

1-22-33 (Signed) Chas. Hillabergh M. D.

(Address) Health Dept Hospitals

E 86898

E 86898 Blk.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6231 Pulaski St. 70-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence J. O'Brien

(a) RESIDENCE NO. 6231 S. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 12, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sign painter helper 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael J. O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mrs Ellen Loftus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Ellen O'Brien (Address) 6231 S. Pulaski St.

Filed [illegible] 23 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1933

17 I HEREBY CERTIFY, That I attended deceased from 5/17, 1932, to 1/22, 1933,

that I last saw him alive on 1/22, 1933,

and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute carbonic dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 30 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 1/25/1933

20 UNDERTAKER John J. Gowen & Son

ADDRESS 901 Hollins St

A&Co. 5-31 250B

86899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86899

CERTIFICATE OF DEATH

160-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Conklin st St., 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gloria Stavola

(a) Residence: No. 242 Conklin St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 19th 1933

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Guiatano Stavola

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria DiBono

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Guiseppe Stavola

(Address) 242 Conklin st

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 23 1933

19. UNDERTAKER Frank V. Paterone

(Address) 2218 E Baltimore st

FILED JAN 23 1933 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 -, 1933., to Jan. 21, 1933.

I last saw her alive on Jan. 21 1933. death is said to have occurred on the date stated above, at 3: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage, due to difficult delivery.	
Other contributory causes of importance: Breech extraction.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dudley F Bowe, M. D.

(Address) 2 W. Read St.

M. D. B. 1268-9

86900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86900

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 172-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. H. Thomas

(a) Residence: No. 1022 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Allie Dopton

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date Jan 23, 1933

19. UNDERTAKER T. Thomas E. Kelsey
(Address) 302 Brentwood

Filed Jan 23 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1928 to 1-20, 1933

I last saw h... alive on 1-20, 1933 Death is said to have occurred on the date stated above, at 11½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Peritonitis	1-16-33
Other contributory causes of importance:	
Toxemia	
~~Pneumonia~~	1-20-33
P. O. Shock	

Name of operation Laparotomy Date of 1-20-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alex Lowy Jr. M. D.

(Address) Balto City Hospitals

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86901

CERTIFICATE OF DEATH

86901

157-001

Registered No. 13101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Gary

(a) Residence: No. 3665 Buena Vista Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... M D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Othello Gary

14. BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

MOTHER

15. MAIDEN NAME Lillian Dodd

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Othello Gary
(Address) 3660 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampden Date Jan 23, 1933

19. UNDERTAKER Chauncey H. Low
(Address) 3415 Chestnut Ave

DEATH ..... 19 ..... Registered ..... 19 .....

J 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 ..... 1933. to Jan 22 1933
I last saw he ex alive on Jan 22 ..... 1933. Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Congen.
Meningocele	Congen.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. F. Eisenbrandt M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

86902 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86902

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Foster Ave. St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME ALVINA C. THOMAS

(a) Residence: No. 3107 Foster Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Thomas

6. DATE OF BIRTH (month, day, year) December 25, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George Thomas (husband)

(Address) 3107 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Jan. 24. 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Henry Sander.

(Address) Baltimore & Broadway.

[illegible] Washington Boulevard, [illegible]

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Jan 20 1933

I last saw her alive on Jan 20 1933 Death is said to have occurred on the date stated above, at 3.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	3 wks.
Other contributory causes of importance: Diabetes Mellitus	?
	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Reifschneider M. D.

(Address) 104 W Madison St

M. D. B. 1268-0

86903 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-00 E 86903

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Rosekemp Ave St. 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Wesley Jones

(a) Residence: No. 3111 Rosekemp Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda L Jones

6. DATE OF BIRTH (month, day, year) Oct 13 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger & Sell

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Hartford Co Md

FATHER

13. NAME Charles P Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rosaline Harwood

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

17. INFORMANT Matilda L Jones

(Address) 3111 Rosekemp Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Jan 24 1933

19. UNDERTAKER Charles P Powell

(Address) 2405 Washington Blvd

23 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to Jan 21 1933

I last saw him alive on Jan 21 1933 Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza - I	Jan 19
Chronic Arthritis	14 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H N Pearce M. D.

(Address) 2405 Charles St

M. D. B. 1265-0

86904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86904

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5612 Jonquil Ave. St. 97-34 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter William Bunger

(a) Residence: No. 5612 Jonquil Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linda D. Bunger

6. DATE OF BIRTH (month, day, year) April 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. News 063

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Danville Virginia

FATHER

13. NAME Lewis Bunger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Moorefield

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Linda B. Bunger

(Address) 5612 Jonquil Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va. Date Jan. 24 1933

19. UNDERTAKER Wm J Tuohey & Son

(Address) Church & Cary Sts Richmond, Va.

19 .....

Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1 1932 to Jan 22 1933

I last saw h[illegible] alive on Jan 20 1933. Death is said to have occurred on the date stated above, at 11:50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1 33

Other contributory causes of importance:

Arteriosclerosis, 1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles L Wells M. D.

(Address) 5276 Park Heights Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86905

86905

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carroll E. Simpel

(a) Residence: No. 121 Osborne Ave St., Catonsville, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary M. Simpel

7. DATE OF BIRTH (month, day, year): March 27, 1906

8. AGE — Years: 2 5 | Months: 9 | Days: 26 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: H Star Farms Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: James W. Simpel

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Lettie M. Innes

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): James W. Simpel 121 Osborne Ave

18. BURIAL, CREMATION, OR REMOVAL: Brunfield Cem. Date Jan. 29, 1933

Easton Pike

19. UNDERTAKER (Address): Edward [illegible]

20. FILED ..... 19..... Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquest & autopsy to ..... 19.....

I last saw h..... alive on Inquest & autopsy Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/22/33
Intracranial hemorrhage	
Struck by automobile	1/22/33
Internal decompression	1/22/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/22, 1933

Where did injury occur? Edmondson Ave nr Osborne (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking on street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86906

E 86906

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 S. Calhoun St. ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances M. Harris.

(a) RESIDENCE NO 333 S. Calhoun St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If [redacted] widowed, [redacted]
(or) WIFE of John W. Harris.

6 DATE OF BIRTH (month, day, and year) October 21, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER M. Guy Mister.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan A. Kellman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Ruth Smith. (daughter)

(Address) 333 S. Calhoun St.

Filed 2 3 1933 Huntington Williams, M.D. Registrar

R. P. A.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 21, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [redacted], M. D. Coroner

1/28/33 (Address) 1017 E. Chaeles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int. Laurel Cemetery

DATE OF BURIAL 1/25 1933

20 UNDERTAKER Harry H. Switzke

ADDRESS 4101 Edmondson Ave

1-30—M. & T.—100 B—50L

E 86907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86907

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Hickory Avenue ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Fowble

(a) RESIDENCE NO 3412 Hickory Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine Fowble

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone Mason
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Joshua Fowble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Barbara Hare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Catherine Fowble

(Address) 3412 Hickory Ave

15 Filed 1-23, 1933, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq ~~Coroner~~ inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Mouse Coroner, M. D.

1/22, 1933 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross DATE OF BURIAL Jan 24 1933

20 UNDERTAKER H.N. Marshall ADDRESS 3539 Falls Rd

23 1933

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86908 | 186-001 | E 86908

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316 Union Avenue ST. 13-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Hahn

(a) RESIDENCE NO. 1316 Union Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mill hand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pikesville, Md.

PARENTS

10 NAME OF FATHER John Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Freelmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert Hahn

(Address) 1316 Union Ave Huntington Williams, N.S.

15 [illegible] 23 1933 [illegible] Registrar A.P.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows*:

Fracture Skull
Falling down Stairs
Blows (Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

1/23, 1933 (Address) 3622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan 24 1933

20 UNDERTAKER: H. S. Marshall — ADDRESS: 3539 Falls Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86909

86909

CERTIFICATE OF DEATH

1-11-01

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2652 Polk St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tryphena Morgan

(a) Residence: No. 2652 Polk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles E. Morgan

6. DATE OF BIRTH (month, day, year) June 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas E. Morgan

(Address) 2652 Polk St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 1/25/1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

N 23 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/14/33, 19, to 1/23/33, 19

I last saw her alive on 1/22/33, 19 Death is said to have occurred on the date stated above, at 5 00 P m.

The principal cause of death and related causes of importance were as follows:

Influenza Bronchitis — Date of onset 1/13/33 E

Other contributory causes of importance:

Coma & Exhaustion — 1/22

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. S. Gagl, M. D.

(Address) 704 N Bdway

Spec.—1-30—M. & T.—250 Bks

86910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86910

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatorium 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eldnoa Berry Naylor

(a) RESIDENCE NO. 204 Taplow Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? 76 yrs. 3 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: L. Frank Naylor

6 DATE OF BIRTH (month, day, and year): Aug 6 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John C. Adams ? ? ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Elizabeth Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mr. Frank D. Naylor (son)

(Address): 204 Taplow Rd

15 Filed: 1-23 1933 16 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23/33

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to 1-23, 1933,

that I last saw h.[illegible] alive on 1-22, 1933,

and that death occurred, on the date stated above, at 10 Yo A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chr. Myocarditis

(duration) 10+ yrs. mos ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Dorsey, M. D.

, 19 (Address) 1129 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 24/33.

20 UNDERTAKER: Stewart & Brown Co

ADDRESS: Baltimore

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86911 E 86911

CERTIFICATE OF DEATH

97 Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5000 Alhambra Rd St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred abt 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. abt 75 yrs.

2. FULL NAME Mary Elizabeth Moffitt

(a) Residence: No. 5000 Alhambra Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Moffitt

6. DATE OF BIRTH (month, day, year) about Nov 25 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75	2	26 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thos. B. Carroll

14. BIRTHPLACE (city or town) (State or country) Probably in Germany

MOTHER

15. MAIDEN NAME Charlotte Keller

16. BIRTHPLACE (city or town) (State or country) Probably in Germany

17. INFORMANT Mr. Thos. B. Moffitt (son)

(Address) 5000 Alhambra Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Jan. 27 1933

19. UNDERTAKER Stewart Memorial

(Address) 101 Lorraine Ave.

23 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929 to Jan. 21 1933

I last saw her alive on Jan. 20 1933. Death is said to have occurred on the date stated above, at 5:50 A.m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Arteriosclerosis	Prob 1929
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Reese M. D.

(Address) 5600 York Rd

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86912 E 86912

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 Wilmslow Rd St. 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 82-7-19

2. FULL NAME Jeannie Allison Lee

(a) Residence: No. 504 Wilmslow Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: John M. Lee

6. DATE OF BIRTH (month, day, year): June 2 1855

7. AGE: Years 77 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ... min.: 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1900

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Charleston S. C.

FATHER

13. NAME: Robert McDermott

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Margaret A. McFarland

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Mrs. J. Stuart Bruce (daughter)
(Address) 504 Wilmslow Rd

18. BURIAL, CREMATION, OR REMOVAL: Richmond VA Date Jan 24 1933

Place

19. UNDERTAKER: Howard Moore & Co
(Address) Lee Street Home Washington Wilkes Co. Ga.

20. FILED Jan 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22 33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1923 ~~1932~~ to Dec 20 1932

I last saw her alive on Dec 20 1932 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Chronic Nephritis — Date of onset Dec 10 yrs

Coronary Thrombosis — Date of onset Jan 22 1933

Other contributory causes of importance: Uraemia

Name of operation: ~ Date of: ~

What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno A Fletcher M. D.

(Address) 12 Tyson St Baltimore

M. D. B. 1268-9

86913

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86913

CERTIFICATE OF DEATH

Registered No. E 97-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Pobleton St. (If not in hospital) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Florence Collins

(a) Residence: No. 221 N. Pobleton St., ... Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1896

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	36	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Thomas Collins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Theresa Colbert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Naomi Jones

(Address) 221 N Pobleton St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter Cemetery Date Jan 24, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E Saratoga St.

20. FILED Jan 24 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from for a short time past, 19..... to 1-20, 1933. Death is said I last saw h... alive on ..... to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	Month

Other contributory causes of importance:

Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify ..... M. D.

(Signed) .....

(Address) .....

M. D. B. 1268-9

E 86914

86914

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Seattle

(a) Residence: No. 415 N Appleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Sing

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1 yr	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Carolyn Smith
(Address) 415 Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 24, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 324 N Schroeder St

20. FILED 1-24-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1933 to 1-22, 1933

I last saw h[illegible] alive on 1-20, 1933 Death is said to have occurred on the date stated above, at 7:20 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-20-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. T. Harris M. D.

(Address) Provident Hospital

M. D. B. 1268-9

86915 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86915

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Franklin Square Hospital 4 or 8

CITY OF BALTIMORE: (No. 1911 W Calhoun St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Erdman

(a) Residence: No. 128 S. Eaton St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Isabelle Erdman

6. DATE OF BIRTH (month, day, year) June 3 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin mill O+O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Erdman

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Elizabeth Hunter

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Isabelle Erdman

(Address) 128 S Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 26, 1933

19. UNDERTAKER John Lefevick

(Address) 2008 Orleans St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 - 20 - 1933, to 1 - 23 - 1933, I last saw him alive on 1 - 23 - 1933 Death is said to have occurred on the date stated above, at 7 55 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1-15-33

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Morris B. Schnabel, M. D.

(Address) Franklin Square Hospital

E 86916

E 86916

H. D. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 74-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bath Eye, Ear & Throat Hosp. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malin da Winchester

(a) RESIDENCE. No. Port Deposit, Md. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Divorced

6 DATE OF BIRTH (month, day, and year) Nov 21, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) General Store

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Tyson L Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah M Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address) Mrs Bessie Reynolds 9234 January St

15 Filed JAN 24 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932, to Jan 22, 1933.

that I last saw her alive on Jan 21, 1933.

and that death occurred, on the date stated above, at 11.07 A. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Staphylococcus)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic nephritis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 7 33

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. Poe Symonds M. D.

, 19 (Address) 914 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nottingham Cem

DATE OF BURIAL Jan 27 1933

20 UNDERTAKER John Ulrich

ADDRESS 2008 Eutaw

86917

E 86917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 Noble St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas E Dodson Sr

(a) Residence: No. 3721 Noble St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Dodson

6. DATE OF BIRTH (month, day, year) June 6-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 13 yrs

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Scott Dodson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Bertha Dodson
(Address) 3721 Noble St

18. BURIAL, CREMATION, OR REMOVAL
Place 1st United Ev Cem Date Jan 25 1933

19. UNDERTAKER John Ullrich
(Address) 700 E Preston

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to Jan 21, 1933

I last saw h- alive on Jan 21 1933 Death is said to have occurred on the date stated above, at 2 57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, Probably ruptured appendix	
Other contributory causes of importance:	
Refused operation	

Name of operation Refused Operation Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. M. Insley M. D.

(Address) 1136 E Balto

M. D. B. No. E 86918

Frecker

E 86918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. —

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md. St., 7-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — George H. Frecker

(a) Residence: No. 606 N. Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 1- 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

12. NAME Henry G. Frecker

11. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Minnie Jean

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ricords Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 25 1933

19. UNDERTAKER Mrs. Mrs. John W. Gentle & Son
(Address) 501 W. Lexington St

20. FILED JAN 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1933 to 1-23 1933

I last saw h[illegible] alive on 1-23 1933 Death is said to have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of stomach	1-1-33
Other contributory causes of importance: Pulmonary Embolism	1-23-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-23-33 (Signed) Elmer Heiberger M. D.

(Address) Balto City Hospitals

OCCUPATION IS NOT IMPORTANT. USE INSTRUCTIONS

Spec.—1-30—M. & T.—250 Bks.

86919 HEALTH DEPARTMENT—CITY OF BALTIMORE É 86919

CERTIFICATE OF DEATH. + 82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1400 W. Saratoga St., 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hermon Boone

(a) RESIDENCE No. 1400 W. Saratoga ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Silvia Boone

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant William H. Boone

(Address) 1400 W. Saratoga St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22-1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Jan 22, 1933, that I last saw h. alive on Jan 22, 1933, and that death occurred, on the date stated above, at 2.00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Dell M. D.

1-23 1933 (Address) 9 W. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Suffolk Va

DATE OF BURIAL Jan 25 1933

20 UNDERTAKER Wm. H. Chase & Son

ADDRESS 638 N. Gilmor

JAN 24 1933 ... Registrar

Spec.—12-9-25—A Co.—200 Blks.

86920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86920

CERTIFICATE OF DEATH.

97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St., 10-01 Ward)

2-FULL NAME Mary Harper

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: W. Harper

6 DATE OF BIRTH (month, day, and year): Feb 5 1848

7 AGE: 84 Years 85 | Months 11 | Days 18 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER George Mantler

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary A. ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislaus Supr.

(Address) 1200 Valley St.

15 Filed JAN 24 1933, Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1933

January 23 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 1933, to Jan 28 1933, that I last saw h.. alive on Jan 22 1933, and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Louis Cohen, M. D.

1/24, 1933 (Address) 111 4 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: Jan 25 1933

20 UNDERTAKER: Rita Riedefeld — ADDRESS: 914 Greenmount Ave

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

86921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86921

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Whatcoat ST., 16-01 WARD)

2-FULL NAME Georgiana Samuels

(a) RESIDENCE NO. 1119 Whatcoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Samuels

6 DATE OF BIRTH (month, day, and year) Oct. ? 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anarundel co. md

PARENTS

10 NAME OF FATHER David Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anarundel co. md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anearundel co. md

14 Informant Clora Stovall (Address) 1119 Whatcoat St.

15 1-24-1933 Hunting [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-33

17 I HEREBY CERTIFY, That I attended deceased from 1-16-, 1933, to 1-22, 1933, that I last saw her alive on 1-22, 1933, and that death occurred, on the date stated above, at 6:2A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Unknown (duration) yrs. mos da.

CONTRIBUTORY (Secondary) Arteriosclerosis + nephritis

Unknown (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Lab examination

(Signed) Frank A Saunders, M.D.

1-22-1933 (Address) 1029 N Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 25 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—9-30—A. & Co.—250 Bks.

86922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86922

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Stricker ST. 16-01 WARD)

2-FULL NAME Cordelia Brown

(a) RESIDENCE NO. 1132 Stricker ST., WARD
(Usual place of abode). (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tobias Brown

6 DATE OF BIRTH (month, day, and year) April 10, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60		9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or estatilishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Co Va

PARENTS

10 NAME OF FATHER John Baylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise Date

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Miss Jackson
(Address) 1132 Stricker St

15 Filed Jan 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/33

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933, to Jan 21, 1933

that I last saw h[illegible] alive on Jan 20, 1933

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgetation and arterial Sclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher M. D.

1/21, 1933 (Address) 1218 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetary — DATE OF BURIAL Jan 24 1933

20 UNDERTAKER Thomas E. Kelson — ADDRESS 363 Pressman St

M. D. H. 1263-9

86923 E 86923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St., 14-04 Ward)

Length of residence in city or town where death occurred 50yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Smith

(a) Residence: No. 1824 Druid Hill Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Feb. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Sidney Hall.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Family - ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Payne

(Address) 1824 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 24. 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-17-, 1933 to 1-23-33, 19

I last saw her alive on 1-23-, 1933 Death is said to have occurred on the date stated above, at 11.10 a.m.

The principal cause of death and related causes of importance were as follows:

Chron Myocarditis, Nephritis (chron.) — Date of onset 1932

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Boykin M. D.

(Address) 1512 Gilmor

Spec.—2-29-28—L. F. S.—500 Bks.

Boardley

E 86924 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86924

CERTIFICATE OF DEATH

11-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 W. Fayette ST., 18-06 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane Virginia Broadley

(a) RESIDENCE NO. 1050 W. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6 DATE OF BIRTH (month, day, and year): 1876.

7 AGE: 56 (Years / Months / Days / If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer): Housework.

(c) Name of employer: at home.

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Don't Know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Carrie Fetter

(Address): 1052 W. Fayette St

15 Filed 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/21/33.

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1933, to Jan 21st, 1933, that I last saw her alive on Jan 21 1933, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Test.

(Signed) J. T. Gunn M. D.

1/23 1933 (Address) 522 W. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: 1/24 1933

20 UNDERTAKER: Isaiah L Brown & Son

ADDRESS: 108 N Montgomery St

M. D. B. 1268-9

86925 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86925

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-01 Ward)

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Milstein

(a) Residence: No. 2219 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49 4 8	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Wolpert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freda Greenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Matthew Wolpert

(Address) 2323 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Place Southern ave Date Jan. 24 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore

20. FILED Waiting for Physician's Cert. Registrar.

JAN 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1933 to Jan 23 1933

I last saw her alive on Jan 23 1933 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1/22/33

Other contributory causes of importance:

Cerebral Embolus
Cardiac Hypertrophy & Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Samuel Levin M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

M E 86926

E 86926 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 210-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 19-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Duvall Burley

(a) Residence: No. 318 N. Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Burley

6. DATE OF BIRTH (month, day, year) July 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Richard Duvall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Bias

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Thomas

(Address) 318 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 25 1933

19. UNDERTAKER Chas. H. Grace & Son

(Address) 638. N. Gilmor St.

20. FILED JAN 25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquest + autopsy to Inquest + autopsy, 19.....

I last saw h..... alive on Inquest + autopsy Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. fracture Tibia + Fibula	12/24/32
Pulmonary Embolism	1/22/33
Other contributory causes of importance:	
Struck by automobile	12/24/32

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident Date of injury 12-24, 1932

Where did injury occur? Baltimore St nr. Gilmor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking on street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2200 E. Madison St.

M. D. B. 1268-9

86927 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86927.

CERTIFICATE OF ~~DEATH~~ Hospital V93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Baltimore Md St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Schultz

(a) Residence: No. 100 N. Front St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? ?

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George M. Schultz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Stacy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Jany 24 33

19. UNDERTAKER John J. Fahey Son
(Address) 1318 Light St

20. FILED JAN 24 1933 Livingston Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 33

22. I HEREBY CERTIFY, That I attended deceased from 11-26 33 to 1-20 33

I last saw h alive on 1-20 33 Death is said to have occurred on the date stated above, at 12:00 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease.	?
Arteriosclerosis	1

Other contributory causes of importance:

Acute Myocardial Insufficiency	1-17-33

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

1-20-33 (Signed) Edward Kirby M. D.

(Address) Balto. City Hospitals

OCCUPATION IS VERY important.

Spec.—9-30—A. & Co.—250 Bks.

E 86928 ✓ E 86928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 321 E 23 St ST. 12-01 WARD)

2-FULL NAME Herbert Floyd

(a) RESIDENCE NO. 321 E 23 St ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pullman Car Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer Pullman Co

9 BIRTHPLACE (city or town) (State or country) Laurens Co, S.C.

PARENTS
10 NAME OF FATHER Emanuel Floyd
11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurens Co S.C.
12 MAIDEN NAME OF MOTHER Adline Coleman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurens Co. S.C.

14 Informant Daphney Floyd
(Address) 321 E. 23 St

15 Filed JAN 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 22, 1933
that I last saw h.. alive on Jan 21, 1933
and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:

Acute Myocarditis (duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Hypostatic, Pneumonia (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) D. N. Hatcher M. D.
1/27 1933 (Address) 1715 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 1/25 1933

20 UNDERTAKER Samuel T. Hensley — ADDRESS 578 W Biddle St.

M. D. B. 1268-9

E 86929 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 86929

Registered No.

1. PLACE OF DEATH 612 S Fremont ave

CITY OF BALTIMORE: (No. 612 S Fremont Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10-15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Taylor Nelson

(a) Residence: No. 612 S Fremont ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nelson

6. DATE OF BIRTH (month, day, year) Oct 12 1896

7. AGE Years 36 Months 3 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Maria Andrews

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Elmira Shuey

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-29- 1933

19. UNDERTAKER David Edmonds

(Address) 916 Pa ave

20. FILED JAN 24 1933 1933 Hattie Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1933 to Jan 21 1933

I last saw h alive on Jan 21 1933 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Toxemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. Thompkins M. D.

(Address) 501 W Hamburg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86930

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 W. Lanvale St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Parker H. Bailey

(a) Residence: No. 1219 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Bailey

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Parker Bailey Sr.

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

MOTHER

15. MAIDEN NAME Celia Meade

16. BIRTHPLACE (city or town) (State or country) Amelia Co Va.

17. INFORMANT Virginia Bailey
(Address) 1219 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1-24-33

19. UNDERTAKER Dennis Easton
(Address) 916 Pine ave

FILED JAN 24 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1933 to Jan 23 - 1933

I last saw him alive on Jan 22, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928?
Diabetes mellitus	1928?

Other contributory causes of importance: None known

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St.

M. D. B. 1268-9

86931 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86931

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Brother Ethelbert Peter Bell

(a) Residence: No. Annandale Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Matthew Bell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Belinda Clark

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Annandale Md Date Jan 24, 1933

19. UNDERTAKER Lloyd James
(Address) Funeral Director
Huntingtown Maryland

20. FILED JAN 27 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Jan 24, 1933

I last saw him alive on Jan 21, 1933 Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	?
Pulmonary Atelectasis	?

Other contributory causes of importance:

Pulmonary Tuberculosis - non active	
Chronic Bronchitis	?
Emphysema	?

Name of operation None Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward L. Lyons M. D.

(Address) Mercy Hospital

1-30—M & T.—100 B—50L

E 86932

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-284 E 86932

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 125 W. Camden St. (ST.) 27-01 (WARD)

2-FULL NAME William H. Bowers.

(a) RESIDENCE NO. 125 W. Camden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ Matilda Bowers.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Mt. Airey, Md.

PARENTS

10 NAME OF FATHER Christopher Bowers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Matilda Foreman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Andrew J. Brashears. (brother in law)

(Address) 201 Mt. Olivet Lane.

15 Filed JAN 24 1933, 192 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/23/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Jan 24 1933

20 UNDERTAKER John F Denny

ADDRESS 915 E 15th St

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86933

HEALTH DEPARTMENT—CITY OF BALTIMORE

86933

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-81 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter J. Schmeder

(a) Residence: No. 6 Irving Pl. Catonsville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/3/08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER

13. NAME Peter Schmeder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Jan. 26 1933

19. UNDERTAKER Henry Strack Undertaking Co.
(Address) 130 E. Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1933, to Jan 23 1933

I last saw h.. alive on Jan 23 1933 Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Haemorrhagic Nephritis	
Uraemia	
Hypertension	
Cardiac failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Clarke M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

86934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86934

82-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 n. Eden ST., 5-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catharine Duffin

(a) RESIDENCE NO. 410 n Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of — Moses Duffin

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	/	/	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Home work none 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Alfred Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Moses Duffin

(Address) 410 N. Eden

15 Filed ..., 19 ... Registrar

JAN 24 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Jan 21, 1933,

that I last saw h alive on Jan 21, 1933

and that death occurred, on the date stated above, at 11:26 a m.

The CAUSE OF DEATH* was as follows:

apoplexy

Several hours (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

Indefinite (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

1-23-33 (Address) 1612 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt Calvary — DATE OF BURIAL Jan 24 1933

UNDERTAKER — ADDRESS

Wm. E. Williams 1515 McElderry St

M. D. B. 1268-B

86935 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86935

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore, Md, St. 18-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adeline Waters

(a) Residence: No. 871 Pierce St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levin Waters

6. DATE OF BIRTH (month, day, year) June 20 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Summerset Co, Md

FATHER

13. NAME Edwin Waters

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan 23 1933

19. UNDERTAKER Chester R. Williams
(Address) 322 N. Dodderidge St

20. FILED JAN 24 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1933 to 1-21 1933

I last saw h. alive on 1-21 1933 Death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	?

Other contributory causes of importance:

Acute Myocardial Insufficiency	1-9-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

1-23-33 (Signed) Elmer Highberger M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86936 E 86936

CERTIFICATE OF DEATH

87-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2554 Boyd St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME George Shätz Sr.

(a) Residence: No. 2554 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Shätz

6. DATE OF BIRTH (month, day, year) Mar 2 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacconist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rolling mill

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Shätz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank G Shätz

(Address) 2254 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 26th 1933

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED JAN 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 24 Jan 1933

22. I HEREBY CERTIFY, That I attended deceased from 21 Jan 1933 to 24 Jan 1933

I last saw him alive on 24 Jan 1933 death is said to have occurred on the date stated above, at 7:30 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Death
Other contributory causes of importance: Cerebral Hemorrhage	3 wks ago

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emma Hauser, M. D.

(Address) 2565 Fredrick Ave.

M. D. B. 1269-9

86937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 86937

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Mosling Av 13-01 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J Carbis

(a) Residence: No. 1303 Mosling Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen Carbis

6. DATE OF BIRTH (month, day, year) July 22 - 69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lorman - Ib

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME Nicholas Carbis

14. BIRTHPLACE (city or town) (State or country) Carroll Co

MOTHER

15. MAIDEN NAME Mildred Kidd

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Mrs. Ellen Carbis
(Address) 1303 Mosling Ave

18. BURIAL, CREMATION, OR REMOVAL
Oak Wood Date Jan 26 1933

19. UNDERTAKER A. S. Marshall
(Address) 3534 Harford Road

20. FILED Jan 24 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Jan 23, 1933

I last saw him alive on Jan 22, 1933 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	1 Year

Other contributory causes of importance:

General Carcinosis	

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Rideout M. D.

(Address) 550 W 36 St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86938

CERTIFICATE OF DEATH

E 86938

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hudson.

(a) Residence: No. 1455 W. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Col | 4. Color or Race Male | 5. Single, Married, Widowed, or Divorced (Write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT N. W. Police Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dublin Cemetery Date Jan 24 1933

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

1-24-1933 MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... (alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Multiple	
Following pistol wound	
of Spinal Cord	
Immediate	
Contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

86939 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 86939

CERTIFICATE OF DEATH

161-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY. WATSON

(a) Residence: No. Johns Hopkins Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 32 hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME WILLIAM WATSON. 1502 ASHLAND AVE

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME GERTRUDE. BROWN. 1502 ASHLAND AVE

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date Jan 24 1933

19. UNDERTAKER .....
(Address) .....

20. FILED Jan 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933. to Jan 17 1933

I last saw h living alive on Jan 17 1933 Death is said to have occurred on the date stated above, at 3-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagica Neonatorum	1/16/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Reed H. Dart M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86940

CERTIFICATE OF DEATH

159 E 86940

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 13-06 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY, MALONE

(a) Residence: No. Johns Hopkins Hospital St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME ALEXANDER MALONE 2436 MADISON AVE

14. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

MOTHER

15. MAIDEN NAME DELLA HUDSON 2436 MADISON AVE

16. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Field College Date Jan 24 19 33

19. UNDERTAKER

(Address)

20. FILED Jan 24 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1:45 A.M. 19 33 to Jan 21 9:45 A.M. 19 33

I last saw him alive on Jan 21 19 33 Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/21/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ..... M. D.

(Signed) Harry Dorsey Jacobs

(Address) Johns Hopkins Hospital.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86941

86941

CERTIFICATE OF DEATH

157-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S Bond St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George Ross Jr

(a) Residence: No. 310 S Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 10 min.
—	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Ross

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Helen Rice

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edward Evans

(Address) 220 E Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date January 1933

19. UNDERTAKER D W Boszinski

(Address) 1934 E Eastern Av.

20. FILED JAN 24 1933 19 Registrar

OCCUPATION IS VERY important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h— alive on ..... 19.... Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital Cardiac Malformation

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas J Kopp M. D.

(Address) 1305 N Patterson Park Ave Coroner

M. D. B. 1268-9

E 86942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86942

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Balto City Hospitals (St. 26-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Snyder

(a) Residence: No. Balto city Hospitals St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) July 31-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER
13. NAME Henry R. Snyder
14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER
15. MAIDEN NAME Alice Hindmarsh
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Hospital Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med College Date Jan 26th, 19 33

19. UNDERTAKER .....
(Address) Huntington Williams, Inc

Filed JAN 24 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1929 to 1-21, 1933

I last saw h[illegible] alive on 1-21, 1933 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	2
Uremic retention	1
Other contributory causes of Importance:	
Uremia	1-18-33

Name of operation no Date of .....

What test confirmed diagnosis? CF Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alex Bruce Balto City Hospitals M.D.
(Address)

1-30—M. & T.—100 B—50L

E 86943

HEALTH DEPARTMENT—CITY OF BALTIMORE

164-001

E 86943

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Guilford ST. 12-01 WARD)

2-FULL NAME Lavinia Frances Watkins

(a) RESIDENCE NO 3119 Guilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis A. Watkins

6 DATE OF BIRTH (month, day, and year) June 24 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Fitchan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E Ackler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Louis A. Watkins
(Address) 3119 Guilford Ave

15 Jan 4 1933, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning
(Suicide)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thos. J. Bowers, M. D.
Coroner

Jan. 26, 1933 (Address) 3132 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 26 1933

20 UNDERTAKER Hugh Treanor Sons

ADDRESS N. Pa Ave

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86944

CERTIFICATE OF DEATH

131 E 86944

Registered No. .....

1. PLACE OF DEATH Baltimore City Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 1-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Alice Lawrence

(a) Residence: No. 110 East 5X St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Lawrence

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah .....

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ft McHenry Date Jan 24 1933

19. UNDERTAKER .....

(Address) .....

Date ..... 19..... Registrar.

JAN 24 1933 01

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1931 to 1-22 1933

I last saw her alive on 1-22 1933 Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Other contributory causes of importance: General arteriosclerosis Chronic interstitial nephritis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86945

CERTIFICATE OF DEATH

131 E 86945

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 W Fayette St. 20-d Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A Weber

(a) Residence: No. 1923 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George G Weber

6. DATE OF BIRTH (month, day, year) March 25 1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Hesmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sabina Salzbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Weber

(Address) 1923 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Gordon Park Date 1/25. 1933

19. UNDERTAKER George A Farley

(Address) Fulton & Fayette Ave

Filed ..... Registrar.

24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 6 1933 to Jany 23 1933

I last saw her alive on Jany 22 1933. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Carditis	1/6/33
Insufficiency	
Other contributory causes of importance: Aortic Regurgitation	1929
Arteri + Sclerosis	Autumn
Chronic Nephritis	Autumn

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M A O'Neill M. D.

(Address) 1081 W Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86946 E 86946

CERTIFICATE OF DEATH

82-0-01 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4746 Park Heights St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 7 yrs. ..... mos. ..... ds. about

2. FULL NAME Katherine Schmeltz

(a) Residence: No. 4746 Park Heights St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Schmeltz

6. DATE OF BIRTH (month, day, year) About March 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 78	77	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Bartlett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT James L. Dunn

(Address) 4746 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Lauden Park Date 1/25, 1933

19. UNDERTAKER C. Vernon Lemmon

(Address) 2116 Park Heights Ave

Filed 1/24 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to Jan 22 1933

I last saw h[illegible] alive on Jan 22 1933 Death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-17-33
Other contributory causes of importance:	
Hypostatic Pneumonia	1-19-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Tubert M. D.

(Address) 3608 Sequoia Ave.

OCCUPATION is very important. See instructions on reverse side.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86947

CERTIFICATE OF DEATH

E 86947

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 E. Chase St., 10-01 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura S. Austine

(a) Residence: No. 418 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Jacob S. Austine

6. DATE OF BIRTH (month, day, year) February 20 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone 071

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Rock Pa.

FATHER

13. NAME Henry Grove

14. BIRTHPLACE (city or town) (State or country) Glen Rock Pa.

MOTHER

15. MAIDEN NAME Louisa Klunkelter

16. BIRTHPLACE (city or town) (State or country) Glen Rock Pa.

17. INFORMANT Stiles Mary L. Herbst
(Address) 418 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 26. 1933

19. UNDERTAKER Geo. W. Little
(Address) 2209 Edmondson Ave

Huntington Village, Md.

24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1933 to Jan. 23, 1933

I last saw h.. alive on Jan 23 1933 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Indef.
Myocarditis	

Other contributory causes of importance:

Emphysema	
Bronchitis	10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Hamlin M. D.

(Address) 4037 Falls Rd.

M. D. B. 1268-9

86948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86948

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dorsey

(a) Residence: No. 2716 Barclay St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary 1915

6. DATE OF BIRTH (month, day, year) Oct 3 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0

10. Date deceased last worked at this occupation —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Butts City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Leo Cemetery Date of burial 1-25th 1933

19. UNDERTAKER Mrs Jos. G. Lucas

(Address) 302 Jefferson St

Baltimore Md

1-24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1933, to 1-21, 1933

I last saw h. alive on 1-21, 1933 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic	?
Other contributory causes of importance Myocardial Insufficiency	1-9-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

No, specify —

1-23-33 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

MAKE CAUSES OF DEATH CLEAR AND FULL. STATE THE DISEASE CAUSING DEATH, OR IN DEATHS FROM VIOLENCE, STATE THE NATURE OF INJURY AND MEANS OF INJURY. DO NOT USE TERMS OF MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., WITHOUT STATING THE DISEASE CAUSING THIS CONDITION. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86949

E 86949

CERTIFICATE OF DEATH

160-002

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Baltimore, Md St. 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Hilda & Raymond Reese.

(a) Residence: No. 3542 Roland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): January 22, 1933

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
3 days	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Raymond Reese

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Hilda Stiffler

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Raymond Reese

(Address) 3542 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Shrine of Mary, Hampden Date Jan 1933

19. UNDERTAKER: Chenoweth & Son

(Address) 3615-17 Gwynns Ave.

20. FILED JAN 24 1933 Registrar Wm. Wallace Rogers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 22 1933 to Jan 24, 1933

I last saw him alive on Jan 24, 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure resulting	
Cerebral Hemorrhage	
Other contributory causes of importance:	
	0

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Van Ness, M. D.

(Address) St. Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 86950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86950

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Arlington Ave St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Shifflett

(a) Residence: No. 117 S. Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Annie C. Shifflett
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Elkton Va.

FATHER

13. NAME Albert Shifflett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Collier

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Annie Shifflett
(Address) 117 S. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Jan 27 1933.

19. UNDERTAKER Walter Davis
(Address) 3248 Eutaw Ave.

Huntington Williams, M.D.
Registrar.

JAN 24 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Jan 24, 1933

Last saw h... alive on Jan 22 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Wk
Other contributory causes of importance:	
Arterio Sclerosis	6 Mo

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-C

E 86951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86951

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N. Appleton St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen S. Oursler

(a) Residence: No. 1825 N. Carroll Pl. St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Carrollton (State or country) Carroll Co Md

FATHER

13. NAME Agasi Oursler

14. BIRTHPLACE (city or town) Carrollton (State or country) Md

MOTHER

15. MAIDEN NAME Julia Burke

16. BIRTHPLACE (city or town) Carrollton (State or country) Md

17. INFORMANT Mrs Rebecca Zepp
(Address) 1825 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Westminster Md Date Jan 25th 1933

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED JAN 24 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1-31, 19 to Jan 22 33, 19

I last saw h[illegible] alive on Jan 2 33, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	1931

Other contributory causes of importance: Chronic Arteriosclerosis

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry C. Howe M. D.

(Address) 1629 Mt Royal Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86952 E 86952

CERTIFICATE OF DEATH

93-004

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Echodale Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hulda Jane Humphreys

(a) Residence: No. 3505 Echodale Ave St., Ward. Hamilton

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Lorenza Humphreys

6. DATE OF BIRTH (month, day, year) July 25th 1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Green Bank Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME E. Hartman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Richard Humphreys

(Address) 4 Jones Place White Plains N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Mem. Park Date Jan 25th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed ..... 19..... Registrar.

JAN 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Jan 22, 1933.

I last saw h.e alive on Jan 22, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Senility	

Other contributory causes of importance:

myocardial degeneration	Jan 19th 1933

Name of operation..... Date of.....

What test confirmed diagnosis? Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Hunter, M. D.

(Address) Bruceville

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31 E 86953

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3208 Guilford Ave (St.) 12-41 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Williamina Pierce Telford

(a) Residence: No. 3208 Guilford (St.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. Emmet Telford

6. DATE OF BIRTH (month, day, year) Nov 2, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Pierce

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah M Gilbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Geo. E. Telford
(Address) 3208 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1/26/33

19. UNDERTAKER J. H. Koch
(Address) 1217 St Paul St

20. FILED 1933 at Eaton Williams Co Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Jany 24, 1933

I last saw her alive on Jany 23, 1933 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1/20/33
Chronic Interstitial Nephritis	1920's
Other contributory causes of importance: Uraemia	1/22/33

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas F. Freeman M. D.

(Address) 6 East Biddle St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 2 1933

Spec.—9-30—A. & Co.—250 Bks.

86954 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86954

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E. 25th St. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lida E. Woolsey

(a) RESIDENCE NO. 118 E. 25th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Richard C. Woolsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Eddie Park

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Mayer 102 E. 25th St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Jan 20, 1933

that I last saw h[illegible] alive on Jan 20, 1933

and that death occurred, on the date stated above, at 730 P m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

C. Corner J. Morrissey (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadis M. D.

19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 1/25 1933

20 UNDERTAKER W. McCosh

ADDRESS 1217 E. Fayette St

FEB 24 1933

TION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 86955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86955

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St. 8-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Sallie Carey

(a) Residence: No. 1538 N Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mr John Carey

6. DATE OF BIRTH (month, day, year) NOV 15 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 077

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 0X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME M R W Hastings

14. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md

MOTHER

15. MAIDEN NAME Ida Cannellee

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ruth E. Day
(Address) St Paul + North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Berlin, Md. Date Jan 25th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Filed ..... 19..... Registrar.

JAN 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Jan 22 1933.
I last saw her alive on Jan 22 1933. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma abdominal originating in large bowel	1 yr (?)

Other contributory causes of importance:
Sec B ranbo pneumonia
on terminal event.

Name of operation Exploratory Laparotomy Date of Jan 10 1933
What test confirmed diagnosis? X-ray. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Richard C. Cumming M. D.
(Address) Richmond Hotel and Office

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86956

CERTIFICATE OF DEATH

71-607

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E. Franklin St. St. 4-06 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Mayhy

(a) Residence: No. 13 E. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of Clough H. Mayhy (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2, 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md.

FATHER

13. NAME Patrick Horan

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Savanah

16. BIRTHPLACE (city or town) ..... (State or country) Md.

17. INFORMANT Clough H. Mayhy
(Address) 13 E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 25, 1933

19. UNDERTAKER Harry Reitz & Sons
(Address) 1501 Aisquith St.

N 44033 Jan 25, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1931, to 1/22, 1933

I last saw h[illegible] alive on 12/26, 1932 Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial chronic, with acute cardiac dilatation	
Pernicious anemia	2
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thurlow C. Stacy M. D.

(Address) 4012 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Reis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86957

B 86957

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 30-41 Fayette St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Reis

(a) Residence: No. 2100 Eagle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~: ~~HUSBAND of~~ (or) WIFE of Geo. W. Reis

6. DATE OF BIRTH (month, day, year) Sept 3rd 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Payton Gay

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Sarah A. Tuddleria

16. BIRTHPLACE (city or town) (State or country) Easton Md.

17. INFORMANT Geo W. Reis

(Address) 2100 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL Funeral Parlor

Place Easton Md Date Jan 27 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. If Embalmed, by whom? ..... Licensed?

JAN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1933 to 1-24 1933

I last saw h[illegible] alive on 1-24 1933 Death is said to have occurred on the date stated above, at 2:27 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ?

Other contributory causes of importance:

None — —

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Morris B. Schraeder M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

86958

E 86958

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Monastery Ave 20-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Elsworth Hilton

(a) Residence: No. 208 Monastery ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emma Hilton

6. DATE OF BIRTH (month, day, year) Sept 12th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James F. Hilton

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Laura Hilton

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Alice R Driver

(Address) 208 Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar.

JAN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21. 1933 to Jan 24 1933 19.....

I last saw him alive on Jan 24 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	several years

Other contributory causes of importance:

Pulmonary Edema	1 day

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Purton M. D.

(Address) 304 E Cross St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86959

E 86959 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 W Mounmt St., 12-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edw Carroll Bauer

(a) Residence: No. 408 Venable Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Vallie V. Bauer

6. DATE OF BIRTH (month, day, year): Oct 17 1892.

7. AGE: Years: 40 Months: 3 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jos Bauer

14. BIRTHPLACE (city or town) (State or country): Germ.

MOTHER

15. MAIDEN NAME: Delia E Reed

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs Vallie V. Bauer 408 Venable Av

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem Date: Jan. 26, 1933

19. UNDERTAKER (Address): John J. Deering 715 Eastern Ave Huntington Village, Md

Registrar.

JAN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of Onset

Mitral Insufficiency 2 yr

Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H Kirk Coroner M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86960 (Mar) — CERTIFICATE OF DEATH — √34 E 86960

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 15-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Trott

(a) Residence: No. 626 Gold St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Minnie

6. DATE OF BIRTH (month, day, year) Dec. 19-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073 Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Trott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Janney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date Jan. 25-1933

19. UNDERTAKER Jno. Geo. H. Williams (Address) 1621 Druid Hill Ave

20. FILED ..... 19..... Registrar

JAN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1932 to 1-22-1933

I last saw h~~e~~ alive on 1-22-1933. Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	1925
Syphilis	1918

Other contributory causes of importance:

Acute stomatitis	1-20-33
Bronchopneumonia	1-21-33

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C Bedell M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

86961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86961

Registered No. 137

1. PLACE OF DEATH Good Shepherd General Hospital
CITY OF BALTIMORE: (No. 1512 N. Gilmor St.) (Ward) 17-C
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilde Thomas
(a) Residence: No. 503 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Thomas

6. DATE OF BIRTH (month, day, year) Jan. 10 - 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	Jan.	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John F. Thomas
(Address) 503 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Jan. 25 1933

19. UNDERTAKER Jno. Geo. H. Holland
(Address) 1601 Druid Hill Ave.

Filed JAN 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20-33 19... to 1-22-33 19... I last saw her alive on 1-22-33 19... Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:
Myocarditis (Chron)
Cardiac Failure
(Senility)
Date of onset 1931

Other contributory causes of importance:
Chron: Nephritis
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. R. Doyle M. D.
(Address) 1512 N. Gilmor

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. See instructions on back of certificate. OCCUPATION is very important.

M. D. R. 1268-9

E 86962 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86962

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lot, age, near or room in Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millie Jones

(a) Residence: No. 822 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Jones

6. DATE OF BIRTH (month, day, year): 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Crisfield Md.

FATHER

13. NAME: Henry Haywood.

14. BIRTHPLACE (city or town) (State or country): Crisfield Md

MOTHER

15. MAIDEN NAME: Tenbrow.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rev J. M Naylor.

(Address) 822 N Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Name: Woodlawn Cem Date 1/25 33

19. UNDERTAKER: Samuel T. Hemsley

(Address) 578 Biddle St.

Filed JAN 25 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 23, 1933

I last saw h alive on Jan 23, 1933. Death is said to have occurred on the date stated above, at 11 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
t	?
Carcinoma of Stomach	

Other contributory causes of importance: ?

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. J. Shealley, M. D.

(Address) 1230 Druid Park Ave

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86963 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86963

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dimmi St. 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christopher A. Brady

(a) Residence: No. 514 W. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace Brady

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Pa

FATHER
13. NAME no Record
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME no Record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Grace B. Brady
(Address) 514 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Cem Date 1/27 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 578 W. Biddle St

JAN 25 1933 19..... Huntingtown Millers, W. Va.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1933 to 1-24 1933

I last saw him alive on 1-24 1933. Death is said to have occurred on the date stated above, at 11:02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days

Other contributory causes of importance:

Hypertension and Arterio Sclerosis	Chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Evans M.D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86964

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill St., 17-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertram Taylor

(a) Residence: No. 623 Druid St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Taylor

6. DATE OF BIRTH (month, day, year) May 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Alex Taylor

14. BIRTHPLACE (city or town) [illegible] (State or country) [illegible]

MOTHER

15. MAIDEN NAME Marshall

16. BIRTHPLACE (city or town) [illegible] (State or country) [illegible]

17. INFORMANT Edna Taylor wife
(Address) 623 Druid St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date Jan 27 1933

19. UNDERTAKER Bernard O'Kennedy
(Address) 2400 Druid Hill Ave

20. FILED JAN 25 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1933 to ... 19...

I last saw him alive on 1-24 1933. Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Harris M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86965

86965 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1125 Ward St. 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Corbin

(a) Residence: No. 1125 Ward St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Corbin

6. DATE OF BIRTH (month, day, year) Nov 20th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75.	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Blanche Corbin
(Address) 1125 Ward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 1/27/ 1933

19. UNDERTAKER John J Cowan & Co
(Address) 120 N Gallows St

20. FILED JAN 25 1933 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933 to Jan 24 1933

I last saw h. alive on Jan 24 1933. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Jan 21/33
Pleurisy	Jan 7/33

Other contributory causes of importance:

Myocarditis	1 yr ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Thomas Keate M. D.

(Address) 523 Scott St

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86966

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 86966 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 2212 Whittier Ave ST. 19-01 WARD)

2-FULL NAME. Benjeman Leboritz

(a) RESIDENCE. NO. 2212 Whittier Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hannah

6 DATE OF BIRTH (month, day, and year) June 6 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Harry D. Leboritz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Etta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Nathan Leboritz Son 812 Lake Drive

15 JAN 25 1933 19 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1931, to Jan 24, 1933, that I last saw h~~er~~ alive on Jan 24, 1933, and that death occurred, on the date stated above, at 8 10 m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. Frederick Lentz, M. D.

1-25 1933 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Am

DATE OF BURIAL: 1-25 1933

20 UNDERTAKER: Jack Lewis Inc

ADDRESS: 1439 E. Balto St

JAN 25 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86967

59 E 86967

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. B. Gen. Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Fannie Appelestein

(a) Residence: No. 4007 Springdale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Appelestein.

6. DATE OF BIRTH (month, day, year) March 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Appelestein
(Address) 4007 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levy Run Date 1-25, 1933

19. UNDERTAKER Hecht Louis Bro
(Address) 1439 E. Balto St

JAN 25 1933

Registrar, H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1933, to Jan. 25th, 1933

I last saw her alive on Jan. 25th, 1933 death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
diabetes mellitus	?
chronic nephritis	?
Cardiac decompensation	?
Other contributory causes of importance: Generalized arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. Mendelsohn M. D.

(Address) W. B. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 86968

M. D. Form

E 86968

268011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 18-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvia Fax

(a) Residence: No. 305 N Carey St., ... Ward. H.H.H. 3 W.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct-30-1829

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Fax

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Carol

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan. 25, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St. Baltimore, Md.

20. FILED ... 19 ... Registrar.

JAN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec-16, 1932 to Jan 22, 1933

I last saw her alive on Jan 23, 1933 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicella	1-19-33
Pharyngitis	"
Cerebritis	1-20-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify ...

(Signed) John B. Washington M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Any answers not properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86969

CERTIFICATE OF DEATH

E 86969

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Home ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert J. Dillon

(a) Residence: No. St. Vincents Infant Home Reisterstown Rd. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, ~~Divorced~~ (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
1	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roger Smoak

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jane Dillon

16. BIRTHPLACE (city or town) (State or country) Frostburg Md

17. INFORMANT Jane Dillon

(Address) St Vincents Infant Home

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan. 25 1933

19. UNDERTAKER Martin Faber & Sons

(Address) 1224 North Ave.

20. FILED JAN 25 1933 Baltimore, Indiana, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1933 to 1/25, 1933

I last saw him alive on 1/24/33 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/23/33
Other contributory causes of importance: Pneumonia Bronchs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Loring Jaeckle M. D.

(Address) Medical Building

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

86970 1

E 86970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

269 31

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 10-01 St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Mehl

(a) Residence: No. 1203 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 10 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Mehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Mayo

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date Jan. 27 1933

19. UNDERTAKER Storey Street Chapel Inc
(Address) 130 E Lanvale St

20. FILED JAN 25 1933 Huntington Ave Station, Boston, Mass.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933 to Jan 24, 1933

I last saw him alive on Jan 24, 1933 Death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular, bilateral	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86971

CERTIFICATE OF DEATH

131 E 86971

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Calvaton Rd. & Franklin St. Ward) 20-01

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Bridget - Ann Hagan

(a) Residence: No. Calvaton Rd. and Franklin St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good Shepherd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of the Good Shepherd

(Address) Calvaton Rd. & Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sun Cathedral Date Jan 26, 1933

19. UNDERTAKER George E. Schmidt

(Address) 711 Frederick Ave.

Filed 19 Registrar.

N 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Jan 24, 1933

I last saw him alive on Jan 23, 1933, death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

1 Chronic Cardiac & Nephritis — 1 yr.
Intermittent auricular fibrillation — several years

Other contributory causes of importance:

Coronary Thrombosis suddenly — 10 yrs.

Name of operation — Date of

What test confirmed diagnosis? Ob. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Owens M. D.

(Address) 804 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86972

HEALTH DEPARTMENT—CITY OF BALTIMORE 86972

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 W Fayette St. 18-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. dis. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Franklin Ernst.

(a) Residence: No. 748 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Ernst

6. DATE OF BIRTH (month, day, year) Feb 15, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Israel Ernst.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Gruber

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Samuel Ernst
(Address) 748 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Herdwood Cem Phila Date Jan 26 1933

19. UNDERTAKER Tom Fletcher Son
(Address) North & Pa Ave.

Filed JAN 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Jan 22, 1933

I last saw h[illegible] alive on Jan 22, 1933 Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Arteriosclerosis (chronic)	?

Other contributory causes of importance:

Acute Cardiac Dilatation	Jan 22

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry Shussman, M. D.

(Address) 748 W Fayette Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86973 HEALTH DEPARTMENT—CITY OF BALTIMORE 86973

CERTIFICATE OF DEATH

159 Unregistered

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 West Pratt St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Weber

(a) Residence: No. 1216 West Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	24 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Wm Joseph Weber
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Marie Viola Ryse
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Viola Weber
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 25 19...

19. UNDERTAKER .....
(Address) .....

FILED JAN 25 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1933, to 1/23, 1933.
I last saw him alive on 1/23, 1933. Death is said to have occurred on the date stated above, at 6:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
22 mos. Weber	
Constitutional	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank H Young M. D.
(Address) Univ. Hosp.

Information should be carefully supplied. Any blanks left should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

N 25 1933 [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86974

E 86974

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ingram Hall Apts. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara L. Hanstein

(a) Residence: No. Atlantic City, N.J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Hanstein

6. DATE OF BIRTH (month, day, year) Dec. 4, 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paynesville, Ohio.

FATHER

13. NAME Louis Wolff

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Esther Bierman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sam'l Fechenbach
(Address) Ingram Hall Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date Jan. 26, 19 33

19. UNDERTAKER Ward Undertaking Co.
Address 1902 Eutaw Place

20. FILED JAN 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1926 to Jan. 24 1933.
I last saw her alive on Jan. 24 1933. Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	1925
Myocarditis	1926
Other contributory causes of importance:	
Diabetes Mellitus	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph W. Hartzler, M. D.

(Address) 1207 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86975

CERTIFICATE OF DEATH

E 86975

Registered No. 108

1. PLACE OF DEATH University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 01 St., Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John Doran, Jr.

(a) Residence: No. 101 Taylor St. Chevy Chase, St., Chevy Chase Ward. Maryland. (If non-resident give city or town and State)

(Usual place of abode) Old Dominion School Lane Bethesda

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Dec. 1, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gary (State or country) Indiana

FATHER

13. NAME John H. Doran

14. BIRTHPLACE (city or town) Washington (State or country) D. C.

MOTHER

15. MAIDEN NAME Mabel McInturf

16. BIRTHPLACE (city or town) Falls Church (State or country) Virginia

17. INFORMANT John H. Doran Sr. (Address) 101 Taylor St. Chevy Chase, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 1/26 19 33

19. UNDERTAKER Henry U. Mears and Son (Address) 805 N. Calvert Street

Filed JAN 25 1933 19 Washington Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-19-33 19 to 1-24-33 19

I last saw him alive on 1-24-33 19 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia, Type IV - Both lungs and Left apex	1-17-33
Other contributory causes of importance:	

Name of operation ---------- Date of ----------

What test confirmed diagnosis? ---------- Was there an autopsy? ----------

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---------- Date of injury ---------- 19 ----

Where did injury occur? ---------- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ----------

(Signed) C. P. Throop, Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

William P. Ward.

E 86976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86976

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital — Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1100 Caton Ave St. [illegible] Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Mr William P. Ward

(a) Residence: No. 1333 West Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ward.

6. DATE OF BIRTH (month, day, year) July 19 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 yrs.	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toronto Canada

FATHER

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Sage

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp (Address) 1100 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 26 1933

19. UNDERTAKER Maguire & Flynn (Address) 14 Washington Place, Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to January 22, 1933

I last saw him alive on January 22 1933 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis with hypertension	
myocardial degeneration	
coronary thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Alfred Van Arsdale M. D.

(Address) St. Agnes Hos

N 25 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86977

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121-N-Calvert St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Pancoast Hammond Plummer 11-4-18

(a) Residence: No. 3121-N-Calvert St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jesse H. Plummer

6. DATE OF BIRTH (month, day, year) Sept 5 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Reading Penna

FATHER

13. NAME L. Pinkney Hammond

14. BIRTHPLACE (city or town) (State or country) Probably Maryland

MOTHER

15. MAIDEN NAME Ann Catherine Page

16. BIRTHPLACE (city or town) (State or country) Probably Alexandria Va

17. INFORMANT Miss Mary P. Plummer daughter

(Address) 3121-N-Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date Jan 26 1933

19. UNDERTAKER Stewart Hearn Co

(Address) 108 W. Mt. Ave.

20. FILED JAN 25 1933 Lexington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to 1-23 1933

I last saw her alive on 1-23 1933. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1920 ?
HYPERTENSION	?
ANGINA PECTORIS	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. Jones M. D.

(Address) 1129 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact wording of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 86978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86978

CERTIFICATE OF DEATH.

82-002

REGISTERED NO.

1-PLACE OF DEATH Edgewood Sanatorium

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6000 Belona St. 17-01 Ward)

2-FULL NAME Sarah Ella Aster

(a) RESIDENCE NO. 2219 Maryland Ave St., 12 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 7-18-1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baeto Maryland

PARENTS

10 NAME OF FATHER: Jacob Asleri

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ca

12 MAIDEN NAME OF MOTHER: Sarah Lusk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mr. Sol Morris - (nephew)

(Address): Mt Washington - City

Filed JAN 25 1933, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24. 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to Jan 24, 1933, that I last saw her alive on Jan 24, 1933, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Examination

(Signed) Thos M Settle, M. D.

1/30, 1933 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Jan 26 1933.

20 UNDERTAKER: Stewart & Morris Co — ADDRESS: 108 W Mont

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE. TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 86979

E 86979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Brendan ave St., 27-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Zeman

(a) Residence: No. 2801 Brendan ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Zeman

6. DATE OF BIRTH (month, day, year) April 7 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bohemia (State or country)

FATHER

13. NAME John Zunt
14. BIRTHPLACE (city or town) Bohemia (State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Bohemia (State or country)

17. INFORMANT J. Zeman
(Address) 2801 Brendan ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Jan 28 1933

19. UNDERTAKER August Park
(Address) 2406 Ashland Ave

FILED JAN 28 1933 Huntington Williams M.D.

Information should be carefully supplied; state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 25, 1933
I last saw h[illegible] alive on Jan 21 1933 death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	?
Other Contributory Causes of importance:	
Diabetes Cerebral Embolism	1-25-33

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 19✓
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny M. D.
(Address) 2200 E Madison St

M. D. B. 1268-9

E 86980

E 86980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred 6 yrs., ... mos. ..... ds. How long in U. S. If of foreign birth? 20 yrs. ..... mos. ..... ds.

2. FULL NAME Annie Weiner

(a) Residence: No. 4010 Pinkney Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Morris Weiner

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Brager

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Weiner - Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date 1-26 1933

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E Baltimore St

20. FILED JAN 26 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 26, 1933

I last saw her alive on Jan 25th, 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	Jan 16
Type 3 Pneumococcus	

Other contributory causes of importance:

Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86981 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86981

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Light St St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis W. Waltz

(a) Residence: No. 1607 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Waltz

6. DATE OF BIRTH (month, day, year) Sept. 19 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0d

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Market Md.

FATHER

13. NAME John T. Waltz

14. BIRTHPLACE (city or town) (State or country) New Market Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Waltz
(Address) 1607 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Market Md. Date Jan 27 . 19 33

19. UNDERTAKER J. Fred McCully

(Address) 430 E. Fayette St

FILED JAN 28 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 . 1932 to Jan 24 . 1933

I last saw him alive on Jan 23. 1933 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/24/32
Other contributory causes of importance: Exhaustion	1/23/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. K. Pamperel M. D.

(Address) 1644 Hanover St

Information must be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86982

HEALTH DEPARTMENT—CITY OF BALTIMORE 86982

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Good Shepherd Gen. Hospital St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.
Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lee Hoffman
(a) Residence: No. 2 Leo (Usual place of abode) St., ... Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, (Widowed) or Divorced (write the word)
Fem	A. A.	W

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank K Lee

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Smith
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fannie Sykes
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Amelia Smith
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemty Date Jan 26 1933

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Pennsylvania Ave

20. FILED JAN 26 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1933 to 1/23, 1933
I last saw her alive on 1/23, 1933 Death is said to have occurred on the date stated above, at 310 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Yrs
Hemiplegia
Pulmonary Edema

Other contributory causes of importance:

Hypertention
Hephritis
Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Carsons C. Johnson M. D.
(Address) Good Shepherd Gen. Hospital

Information should be carefully supplied. Note that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be state OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-A

86983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86983

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Hanover St. 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna V. Warner

(a) Residence: No. 520 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 9, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 69	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Towson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Theodate Andrade
(Address) 520 S. Hanover.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Md. Date Jan. 28, 1933

19. UNDERTAKER Richard F. Lowndes
(Address) 700 E. Monument

20. FILED JAN 28 1933 Huntington Indiana, Ind.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.25. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19. 1932 to Jan. 25 1933.

I last saw h C.P. alive on 1.24 1933 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal disease.	Several years. 2 years.
Other contributory causes of importance: Uremia (acute)	3 days.

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Adams M. D.

(Address) 1331 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86984 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 23 E 86984

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Boone

(a) Residence: No. 817 N. Fulton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Wm Boone

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place W.M. Olivet Date Jan 24 1933

19. UNDERTAKER Vernon Metzger

(Address) 1512 Hollins St

JAN 26 1933 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1931 to 1-24 1933

I last saw h[illegible] alive on 1-24 1933 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	7
Tuberculosis Osteomyelitis Sacrum & Left Ankle	4
Osteo Arthritis	

Other contributory causes of importance:

Bronchopneumonia	1-20

Name of operation Exc Date of —

What test confirmed diagnosis? CE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Boone Coroner

(Address) Balto City Hosp

Information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 86985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E86985

CERTIFICATE OF DEATH

V 160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 1801 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jas Fulton

(a) Residence: No. 738 W Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Jan 18 1933

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Watson Fulton

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Mary Fulton

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Mary Fulton

(Address): 738 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/24/1933

19. UNDERTAKER: Daniel Easton

(Address): 946 Lemmon ave

Filed JAN 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
due to head injury	
during delivery	3 Days

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H E Cook Coroner M. D.

(Address) Berwick

Information desired is necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co—200 Blks.

E 86986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86986

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Mc Kelly

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Theresa Gutberlet

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Mc Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant Sister Stanislaus, Superior

(Address) 1200 Valley St City

15 Filed JAN 26 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Dec 25~~ Jan. 25 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Jan 25, 1933, that I last saw him alive on Jan 24, 1933, and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH* was as follows:

Asthma Edema
Chr Myocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Mc [illegible], M. D.

1/26, 1933 (Address) 1114 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Jan. 28 1933

20 UNDERTAKER Henry Koch & Sons, Inc. — ADDRESS 1301 E Eager St

very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86987

CERTIFICATE OF DEATH

V46

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Delia Mc Hugh

(a) Residence: No. 3315 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~56~~	56	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Lawrence Mc Hugh.

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Anna Knight

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Michael J. Mc Hugh
(Address) 1800 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan. 27 1933

19. UNDERTAKER Lilly + Zeiler Inc.
(Address) 432 N. Howard St.

20. FILED JAN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17-32 19..... to 1-24-33 19.....

I last saw h..... alive on 1-24-33 19..... Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma G.I. tract	
Metastatic carcinoma liver	
& generalized carcinomatosis	
Terminal Pleural Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Alfred Vandyke M. D.

(Address) 15 E. 39th St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86988 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 86988

CERTIFICATE OF DEATH

E 26755 Mek. V 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Thomas

(a) Residence: No. 618 So. Lehigh St., 2d Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Irvin Thomas

6. DATE OF BIRTH (month, day, year): Nov 11 1894

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	2	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William Penney

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Clara Wolfe

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cem. Date: Jan 18, 1933

19. UNDERTAKER: Lilly & Zeiler Inc.
(Address) 703 E. Fayette St

20. FILED: JAN 25 1933, 19.. — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-24-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-9-, 1932, to 1-24-, 1933

I last saw h.. alive on 1-24-, 1933. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1920
Vascular nephritis	1927
Arteriosclerosis	1920
Arteriolar sclerosis	1920
Other contributory causes of importance: Myocardial insufficiency	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp.

N. B.—WHITE PAPER, WITH BLACK INK, should be used. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 86989

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 4-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Eney

(a) Residence: No. 312 (3128) S Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas R Eney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Stickles

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westerly Date Jan 28 1933

19. UNDERTAKER Henry H Curtis & Sons
(Address) 410 E Lanvale St

20. FILED JAN 29 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1933 to Jan 24 1933

I last saw h.. alive on Jan 24 1933 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction	1-24-33
Other contributory causes of importance: Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. A. Magruder M. D.

(Address) Baltimore City Hosp.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86990

CERTIFICATE OF DEATH

E 86990

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Eresham ave St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Grote

(a) Residence: No. 420 Eresham ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Com Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Grote

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo W Henderson

(Address) 420 Eresham ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Jan 27 1933

19. UNDERTAKER Chas L Tillo

(Address) 1000 E Lanvale st

Funeral Director

JAN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John H Mouser, M. D.
Coroner

(Address) 162 Roland ave

Information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86991

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 St Paul St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin R. Downes

(a) Residence: No. 2713 St Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Lucy R. Downes

6. DATE OF BIRTH (month, day, year) May 5? 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 07

10. Date deceased last worked at this occupation (month and year) Jan 24 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co

FATHER

13. NAME Wm Downes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Richards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lucy R. Downes

(Address) 2713 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Denton, Md. Date Jan. 27 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

~~Huntington, W. Va.~~ Baltimore, Md.

JAN 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Jan 25 33

I last saw h~~im~~ alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 12.01 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cardio-Vascular Disease	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W S Love M. D.

(Address) 2201 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, say so. If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86992

131 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 3-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Taylor

(a) Residence: No. 1001 Saulsbury Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary (dead)

6. DATE OF BIRTH (month, day, year) April 16 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37 yrs?	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Petersburg Va.

FATHER

13. NAME Sandy Taylor

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER

15. MAIDEN NAME Amelia Lindsay

16. BIRTHPLACE (city or town) (State or country) Petersburg, Va

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med. College Date Jan 26, 1933

19. UNDERTAKER [illegible]
(Address)

[illegible] Registrar.

JAN 26 1933

0101

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1932 to Jan 25 1933

I last saw him alive on 1-25-33 1933 Death is said to have occurred on the date stated above, at 7 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Arteriosclerosis	?
Chronic Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Maupin M. D.

(Address) Baltimore Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86993

1. PLACE OF DEATH — Balto. City Hospitals — 34

CITY OF BALTIMORE: (No. Balto Md St., 4-01 Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Cora Taylor

(a) Residence: No. 670 W. Fairmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — 1894

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 067

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT — Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Jan 26, 1933

19. UNDERTAKER — Commissioner Health
(Address)

[illegible] JAN 26 1933 Huntington Williams, M.D.
Registrar. 010.5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1933, to 1-23, 1933

I last saw h[illegible] alive on 1-23, 1933 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic Aortic Insufficiency	1-1-31

Other contributory causes of importance:

acute Myocardial Insufficiency	1-22-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

1-26-33 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 86994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86994

Registered No. 93-023

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Baltimore Md 16-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Carr

(a) Residence: No. 614 Vincent St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed 41 yrs

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lizzie Carr

6. DATE OF BIRTH (month, day, year): May 1, 1886 ~~1887~~

7. AGE: Years 68 Months 8 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER
13. NAME: Robert Carr
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Mame Jones ?
16. BIRTHPLACE (city or town) (State or country): Cambridge Md

17. INFORMANT: Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Cemetery Date Jan 26 1933

19. UNDERTAKER: M. J. Henderson
(Address) Pikesville Md

20. FILED Jan 26 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1933 to 1-23 1933

I last saw him alive on 1-23 1933 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head Injuries sustained in accident	1-3-33

Other contributory causes of importance: acute myocardial insufficiency 1-23-33

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-24-33 (Signed) Chas. H. Peters M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in filling out this certificate. All (information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 26 1933 0108

M. D. H. 1268-9

86995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86995

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 46-01 Ward) 131

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christopher Joyce

(a) Residence: No. 1011 wharf Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Joyce

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lemar

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Julia Carroll

(Address) 831 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 27 1933

19. UNDERTAKER Wm. Geo. H. Holland

(Address) 601 Lewis Flag Bldg.

20. FILED JAN 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to 1-24-33 19

I last saw him alive on 1-24-33 . Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
Secondary Anemia	
Other contributory causes of importance:	
Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. O. R. Boykin M. D.

(Address) 1512 Gilmor

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86996

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hosp

CITY OF BALTIMORE: (No. Baltimore Mutter St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Scott

(a) Residence: No. 620 W Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE: Years 70 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME John Saunders

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan. 27, 1933

19. UNDERTAKER Russell Howland

(Address) 6 [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-23-, 1933 to 1-24-, 1933

I last saw her alive on 1-24-, 1933 Death is said to have occurred on the date stated above, at 12.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	1/24/33
Rupture of Bladder	
Cause Unknown	

Other contributory causes of importance:

Arteriosclerotic Heart Disease	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary F Barnett M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AM 26 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86997 E 86997

CERTIFICATE OF DEATH

94-002

27-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden Apts. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Eisenberg

(a) Residence: No. 6317 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Gutman Eisenberg

6. DATE OF BIRTH (month, day, year) Oct. 28, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept. Store Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Gerson Eisenberg

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Esther Stern

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. A. Eisenberg

(Address) 6317 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ohel Shalom Cem. Jan. 29, 19 33

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place.

JAN 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933 to Jan 26 1933

I last saw h[illegible] alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1930
	3 years
Coronary thrombosis	2 days

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. Frederick Lutz M. D.

(Address) Temple Garden Apts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 86998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86998

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1618 Miller St. ST., 7-01 WARD)

2-FULL NAME John Osborne

(a) RESIDENCE NO. 1618 Miller St ST., 7th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: col.
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3 1888

7 AGE: Years 44 Months 5 Days 23 | If LESS than 1 day, hrs. or min. 3d

8 OCCUPATION OF DECEASED 040
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ordinary
(c) Name of employer Bethlehem Steel

9 BIRTHPLACE (city or town) (State or country) West Indies

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies

14 Informant Sodonia Mitchell
(Address) 1618 Miller St.

Filed JAN 26 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-33

17 I HEREBY CERTIFY, That I attended deceased from 26/1/33 19 to 26/1/33 19, that I last saw him alive on 26/1/33 19, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

Several hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lucas Ford Kemp M. D.

19 26/1/33 (Address) 1 W. N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: 1-28 1933

ADDRESS

20 UNDERTAKER: Jas. Wm. Skinner 1823 E. Madison

White—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86999 E 86999

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 St Paul St. 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds, How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm S. Taylor Jr

(a) Residence: No. 2104 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William S. Taylor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary T. Kenney

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Dr E. T. Boiechelle

(Address) 2104 St Paul st.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams Asst. Registrar.

JAN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Jan 26 1933

last saw h[illegible] alive on Jan 25th 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 10
Spreading from upper lobe L lung and finally involving all lobes both lungs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Blackwood M. D.

(Address) 1129 Calvert

M. D. B. 1268-9

E 87000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87000

CERTIFICATE OF DEATH 82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J Weyer

(a) Residence: No. 24 N. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Weyer

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Elizabeth Koch

16. BIRTHPLACE (city or town) (State or country) York, Pa

17. INFORMANT Balt City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 27th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED Jan 26 1933 Registrar. 8 A. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1933 to Jan 25 1933

I last saw h alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia — Date of onset 1-25-33

Other contributory causes of importance:

Hypertension — ?

Name of operation Date of

What test confirmed dingnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Magee M. D.

(Address) Baltimore City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87001

CERTIFICATE OF DEATH

E 87001

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Monaker

(a) Residence: No. 142 N Collington Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Monaker

(Address) 142 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Nat Cemy Date 1-27 1933

19. UNDERTAKER Jack Levin Funl

(Address) 1439 E Baltimore St

20. FILED JAN 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Jan 27 1933

I last saw h.. alive on Jan 27 1933 Death is said to have occurred on the date stated above, at 4:09 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/21/33
Other contributory causes of importance: Cardiac Hypertrophy & Dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

PERSONAL: PLEASE PRINT ALL ITEMS. Be careful, with the information should be carefully supplied. When stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87002

E 87002 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Katzen

1a) Residence: No. 3463 Cottage Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ray Katzen

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~ets~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Zalman Katzen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah Troppkin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wm. D. Katzen

(Address) 2621 Poplar Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Cem. Date 1-27-, 1933

19. UNDERTAKER Jack Laurie Inc.

(Address) 737 E. Baltimore St.

20. FILED JAN 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1933 to Jan 26, 19D

I last saw him alive on Jan 26, 1933. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Uremia	1/20/33

Other contributory causes of importance:

Chr. Nephritis

Carcinoma of Uterus

Diabetes Mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. Levin M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

87003

E 87003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 N. Chapel St. 8-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 52 yrs. ..... mos. ..... ds.

2. FULL NAME Christena Frederick

(a) Residence: No. 1841 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Frederick

6. DATE OF BIRTH (month, day, year) Jan. 20 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	-	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida Strube

(Address) 1841 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date Jan 28 1933

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St

FILED JAN 27 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1921 to Jan 25 1933

I last saw her alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	Jan 25

Other contributory causes of importance:

Arteriosclerosis	Jan 25

Name of operation Physician's Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Z. Reines M. D.

(Address) 1304 N. Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 87004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87004

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 402 W 28th St. St. 12-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Watkins.

(a) Residence: No. 402 W 28th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6. DATE OF BIRTH (month, day, year) Nov 14 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Wm. V. Watkins.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Geneive A. Symes.

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Wm. V. Watkins.
(Address) 402 W 28th St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 27, 1933

19. UNDERTAKER H. Thompkinson
(Address) 3615 Huntington Ave

FILED JAN 27 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1933 to Jan. 25, 1933
I last saw h Jer alive on Jan. 25 1933 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1/23/33
Other contributory causes of importance: Bronchopneumonia	daily

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. H. Counts M. D.

(Address) 4037 Falls Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87005 HEALTH DEPARTMENT—CITY OF BALTIMORE 87005

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH CITY OF BALTIMORE: (No. 411 St. Paul St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Bailey

(a) Residence: No. 1229 Madison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years 40; Months —; Days —; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 640

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Emma Bailey 1229 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Md. Cemetery Co. Date 1-27-1933

19. UNDERTAKER (Address): Dennis Egerton 916 Cathedral

Registered

JAN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1932, to Jan. 25, 1933. Death is said to have occurred on the date stated above, at 4:30 P. m.

I last saw h-m alive on Jan. 25, 1933

The principal cause of death and related causes of importance were as follows:

Rheumatic endocarditis

Streptococcus septicemia

Other contributory causes of importance:

Cardio vascular lues.

Date of onset: Dec 27

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wagenseller M. D.

(Address) St. Josephs Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87006

CERTIFICATE OF DEATH

E 87006

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Belvieu Ave. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Henrietta Gibson

(a) Residence: No. 4102 Belvieu Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip M. Gibson

6. DATE OF BIRTH (month, day, year): Sept. 26, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Thomas F. Morgan

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Tarleton

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mrs. Dorsey Stone
(Address) 4102 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan. 28, 19 33

19. UNDERTAKER John F. Denny
(Address) 5 Light St. Ext.

JAN 27 1933

19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 1- 1932 to Jan 25 1933

I last saw her alive on Jan 23 1933 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	8 Mos. Prior

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Appearance Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emile Wheeler M. D.

(Address) 2129 Wood St.

M. D. H. 1268-9

E 87007

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87007

CERTIFICATE OF DEATH

23V

1. PLACE OF DEATH Baltimore City Hospitals (Th.)
CITY OF BALTIMORE: (No. ..... St. 12-81 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Floyd Washington

(a) Residence: No. 202 E. Federal st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
17	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Eli Washington
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Martha Taylor
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Clay Bank Wharf, Gloucester Co. Va. Date Jan 27, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 332 N. Schroeder St. Huntington, W. Va.

FILED JAN 27 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932 to Jan. 24, 1933
I last saw him alive on Jan. 24, 1933 Death is said to have occurred on the date stated above. 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 mos
Tuberculous adenitis	11 mo
Intestinal tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Kenneth A. Stone M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item must be filled in. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87008

E 87008

268317

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 3-01 Ward)

Length of residence in city or town where death occurred 9/ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Young

(a) Residence: No. 1414 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada

6. DATE OF BIRTH (month, day, year): 1-12-92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Chas Young

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Liza Jane Jackson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Jan 28 1933

19. UNDERTAKER: Robert F. Williams
(Address) 1515 McCulloh St

20. FILED JAN 27 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932 to Jan 24, 1933

I last saw h.. alive on Jan 24, 1933 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolic pneumonia? Cerebral accident	1/22/33
Syphilis	
Extravasation of urine ulcerous process	12/28/32

Other contributory causes of importance:

Name of operation: Post-urethotomy Date of 11/28/32

What test confirmed diagnosis: WBR Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) I R T mulloh M. D.

(Address) Johns Hopkins Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

87009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87009

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Bond St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lloyd Smith (Infant)

(a) Residence: No. 122 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 8/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Lee Smith

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Elnora Hyman

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Elnora Smith

(Address) 122 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Gahany Cem. Date Jan 27, 1933

19. UNDERTAKER Randall & Cropper

(Address) 300 S. Caroline St

20. FILED JAN 27 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at 5:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	10 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Paten M. D.

Coroner

(Address) 50 E. Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87010

CERTIFICATE OF DEATH

486

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1929 Jefferson St. 6-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Schmidt

(a) Residence: No. 1929 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Francis X. Schmidt

6. DATE OF BIRTH (month, day, year) Nov 22 - 66

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Nicholas Boecklinger

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Elisabeth Morganreich

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Edith Schmidt

(Address) 1929 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/30/33

19. UNDERTAKER British Herring

(Address) 2016 Eastern Ave

20. FILED JAN 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 19 33 to Jan 26 19 33

Last saw h[illegible] alive on Jan 24 19 33. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Cancer of Uterus & Metastasis of Pleura & Lungs

Date of onset

Other contributory causes of importance:

Uraemia 4 days

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87011

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc).

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... St., 1-11 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Hugh McGainey

(a) Residence: No. 3011 Fait ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose McGainey

6. DATE OF BIRTH (month, day, year) Feb. 22, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick McGainey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Pricell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. Nat. Cem. Date 1/28/33 19....

19. UNDERTAKER Philip Herring & Co.

(Address) 2614 Pennsylvania Ave. Huntington Milliams, N.Y.

20. FILED JAN 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 19 33

22. I HEREBY CERTIFY, That I attended deceased from January 4 19 33 to Jan. 25 19 33

I last saw him alive on Jan. 25 19 33 Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1930
Tuberculous enteritis	Feb. 1932

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

IF THERE IS A FUNERAL ALSO, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Pks.

87012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87012

CERTIFICATE OF DEATH.

1085

1-PLACE OF DEATH House 3rd Left end

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 15 S. Mount St. 14-01 Ward)

2-FULL NAME Evelyn Stemler

(a) RESIDENCE NO. 15 S. Mount St.____ Ward____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 21st, 1912

7 AGE: Years 20 | Months 7 | Days 6 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sewing 069

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Stemler

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not Know.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) Emskey

(State or country)

14 Informant Cousin of Home

(Address) Mount & Fallsway

15 Filed _____, 19____ Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 1/27/33

17

I HEREBY CERTIFY, That I attended deceased from 1/22/, 19 33, to 1/27, 19 33,

that I last saw h__ alive on 1/27, 19 33,

and that death occurred, on the date stated above, at 10 45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) unknown yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. H. Crowther, M. D.

, 19 (Address) Bon Secours Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cemetery — Date of Burial 1/27 1933

20 UNDERTAKER: J. J. Fahey & Sons — ADDRESS 1318 Light

JAN 27 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

E 87013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87013

CERTIFICATE OF DEATH

59V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Forrest St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wieland

(a) Residence: No. 1019 Forrest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick P. Wieland

6. DATE OF BIRTH (month, day, year) Oct. 15th. 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Baroch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick P. Wieland
(Address) 1019 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Jan. 28th 1933

19. UNDERTAKER Chas. H. Ernest Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 19 Huntington Williams M.D.

JAN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26th. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1930 to Jan 26 33

I last saw her alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	3 years
Other contributory causes of importance:	
Acute Myocarditis	2 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1/27 (Signed) Horace B. Tilden M. D.

(Address) 815 S. Highland Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87014

E 87014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Maryland Ave. St. 12-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Linn Sr.

(a) Residence: No. 2623 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina R. Linn

6. DATE OF BIRTH (month, day, year) April 28th. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant. 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Linn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Christina R. Linn

(Address) 2623 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 30th. 1933

19. UNDERTAKER Chas. O. Evans & Son

(Address) 118 W. Mt. Royal Ave.

20. Huntington Williams M.D.
Registrar

JAN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25th. 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1933 to Jan 25th 1933

last saw him alive on Jan 25th 1933. Death is said to have occurred on the date stated above, at 9.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cerebral Hemorrhage	Jan 21/1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24a. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thomas E. Cowan M. D.

(Address) 28 W. 25th St.

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87015 — 250 Blks

E 87015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 916 Whatcoat St 16-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Lavinia Hodges, Howard Dorsey

(a) RESIDENCE NO. 916 Whatcoat ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26 1933

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
				7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Howard Dorsey

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lavinia Hodges

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant Lavinia Hodges
(Address) 916 Whatcoat St

15 Filed JAN 27 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26/33

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 19 33, to Jan 26, 19 33

that I last saw h alive on Jan 26, 19 33

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey M. D.

1/27 1933 (Address) 916 Penna Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Jan 27 19 33

UNDERTAKER Dept of Health

ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87016

E 87016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Oakley ave St. 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter H. Heinert

(a) Residence: No. 2911 - Oakley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Heinert
dec'd

6. DATE OF BIRTH (month, day, year) Mar 4 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
dec'd	40	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Richard Heinert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosie Detterding

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Heinert
(Address) 2911 - Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 1/28, 1933

19. UNDERTAKER Geo. Lemmon.
(Address) 2411 Park Heights.
Huntington Station, N.Y.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coal Poison (Suicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Kitchen Gas Range

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Lamont Hoffman, M. D.
1/26/33 (Address) 2612 Roland Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87017

E 87017.

CERTIFICATE OF DEATH

82-007

1. PLACE OF DEATH 1407 W Lafayette St., Ward

CITY OF BALTIMORE: (No. 1407 W Lafayette St., Ward)

Registered No.
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha E Coates

(a) Residence: No. 1407 W Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Coates

6. DATE OF BIRTH (month, day, year) Aug 4, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Wm Wallace

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Cross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Nock

(Address) 1407 Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 28 1933

19. UNDERTAKER Thomas E Kelson

(Address) 1303 Pressman st

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1933, to 1/26, 1933

I last saw h alive on 1/25 1933 death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B W Roberts M. D.

(Address) 234 Cathedral

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 27 1933

1-30—M. & T.—100 B—50L

87018

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87018

CERTIFICATE OF DEATH

97-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2418 N. Calvert ST. 12-01 (WARD)

2-FULL NAME Ralph H. Cummings

(a) RESIDENCE NO 2418 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Helen Cummings

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1876

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	1	14 15	

8 OCCUPATION OF DECEASED 030

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Civil Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry H. Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Charlotte J. Zirkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Helen Cummings

(Address) 2418 N. Calvert Street

15 Filed JAN 27 1933, 192 RPH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Pulmonary Disease

8 Years

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Mowen, M. D. Coroner

1/27/1933 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tidioute, Pennsylvania	Jan. 27, 1933
20 UNDERTAKER E. Leroy Stiffler, Inc.	ADDRESS 125 E. North Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87019

CERTIFICATE OF DEATH

V 108 E 87019

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Park Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cornelius H. Dean

(a) Residence: No. 1704 Pressman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Dean

6. DATE OF BIRTH (month, day, year) Dec 19 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fredrickshurg Virginia

FATHER

13. NAME Henry Dean

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Judy Randall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Isaac Dean

(Address) 1704 Pressman

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Jan 28th 1933

19. UNDERTAKER Tom M Chase & Son

(Address) 638 N Gilmor St.

..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1933 to 1-25 1933

I last saw him alive on 1-25 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-22-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Harris M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1933

AaCo. 5-31 250B

E 87020 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87020

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Arabia ave 27-81 St., ... Ward)

Length of residence in city or town where death occurred 29 Life yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie L. Fletsch

(a) Residence: No. 4507 Arabia ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Fletsch

6. DATE OF BIRTH (month, day, year) Sept. 29 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Helmemeier

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mabel Wiest

(Address) 4507 Arabia ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan. 28 1933

19. UNDERTAKER Frederick Lorsch & Son

(Address) 740 Belair Road Huntington Woods, Md.

FILED JAN 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/11/33, 19..., to 1/26, 19 33, I last saw h... alive on 1/26 19 33 death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infected)	

Other contributory causes of importance:

Hypostatic Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myron Gallery, M. D.

(Address) 5103 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87021

CERTIFICATE OF DEATH

E 87021

82-001

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 732 E. North Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M Ormes

(a) Residence: No. 732 E North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of James F Ormes

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Southam

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lizzie Bucher

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs J. O. Brown

(Address) 732 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Scranton Pa. Date Jan 28, 1933

19. UNDERTAKER Mary M Medford

~~Washington Boulevard, Baltimore, Md.~~

20. FILED JAN 27 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26 1933

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1933 to Jan 26, 1933

I last saw h.. alive on Jan 25, 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-24-33
Cerebral Hemorrhage	1-24-33
Other contributory causes of importance: Hemiplegia (left side)	1-24-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reginald J. Torny M. D.

(Address) 4142 North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87022

CERTIFICATE OF DEATH.

46 E 87022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Gilmor ST. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew G. Kern

(a) RESIDENCE NO. 323 S. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pavement man 086

(b) General nature of industry, business, or establishment in which employed (or employer) City Paver

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Kern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunia Gundy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs M. E. Gabe (Address) 323 S. Gilmor st

15 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 1— 1932, to Jan 26 1933,

that I last saw him alive on Jan 25 1933,

and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

Endocarditis — Nephritis

Aortic Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Noland G. Stitely M. D.

Jan 27/33 (Address) 2057 Wilkens Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Jan 28th 1933

20 UNDERTAKER A Jones

ADDRESS 111 S. Gilmor St

JAN 27 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

M. D. B. 1268-9

87023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Bradley St. 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice A. Bailey

(a) Residence: No. 819 Bradley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Bailey

6. DATE OF BIRTH (month, day, year) 9/12/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md.

FATHER

13. NAME Thos. Boyd

14. BIRTHPLACE (city or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) —

17. INFORMANT Evelyn Bailey

(Address) 819 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Jan. 28, 1933

19. UNDERTAKER Chas. Geo. E. Holland

(Address) Huntington, W. Va.

20. Filed 1/27/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/33 19

22. I HEREBY CERTIFY, That I attended deceased from 1/20/33 19 to 1/24/33 19

I last saw h alive on 1/24/33 19 Death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/20/33

Other contributory causes of importance:

Myocarditis	3 Mos.

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Lee Bailey M. D.

(Address) 214 Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87024

HEALTH DEPARTMENT—CITY OF BALTIMORE

87024

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1820 Hennemann St., 7-06 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Kielp

(a) Residence: No. 1820 Hennemann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank Kielp

6. DATE OF BIRTH (month, day, year) Aug 23rd 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prague Austria Hungary

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Francis Duffield

(Address) 4114 St Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Jan 29th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1932 to Jan 25 1933

I last saw h~~e~~r alive on Jan 24 1933 Death is said to have occurred on the date stated above, at 12 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Oct. 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Taylor M. D.

(Address) 801 Hollins St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87025

CERTIFICATE OF DEATH

46 E 87025

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2535 Fait Ave W 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Schrack

(a) Residence: No. 2535 Fait Ave W Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Henry Schrack

6. DATE OF BIRTH (month, day, year) About 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 78	2.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Schrack
(Address) 714 S. Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1/30/ 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED [illegible] Registrar.

JAN 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 32 19 to Jan 26 1933

I last saw h RA alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Colon (Sometime) treated at [illegible] Hospital	no history

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) H. M. Wright M. D.

(Address) 1025 S. Edwards Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 87026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87026

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 819 Patapsco Ave 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David G. Porter

(a) Residence: No. 819 Patapsco Ave St., Ward. Brooklyn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Margaret Porter

6. DATE OF BIRTH (month, day, year) Jan 14th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Glen Porter

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT David L Porter

(Address) 819 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st.

20. FILED Washington Williams Registrar

N 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1933 to Jan 26 1933

I last saw him alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 4:00 am. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Arterio Sclerosis	
Chronic Nephritis	1-22-33

Other contributory causes of importance:

Pneumonia	1-22-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Grimes M. D.

1-27-33 (Address) 2072 Harwood

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87027

CERTIFICATE OF DEATH

131 E 87027

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 532 Poplar Grove St. 20 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Brooks

(a) Residence: No. 532 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Unknown

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles H. Brooks

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Henrietta L. Montandon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E. A. Waddington Jr.
(Address) Northway Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 28 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 27 1933 by Lexington Millspaugh, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1932 to Jan 26 1933.

I last saw him alive on Jan 25 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	several years
chronic myocarditis with cardiac hypertrophy.	
Other contributory causes of importance:	
chronic nephritis	

Name of operation none. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. Michel M.D. M. D.

(Address) 740 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87028

CERTIFICATE OF DEATH

E 87028

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Edmondson Ave 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Belle Hill

(a) Residence: No. 1925 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Walter Hill

6. DATE OF BIRTH (month, day, year) Apr 2 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Household

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga

FATHER

13. NAME Geo Rainwater

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter Hill

(Address) 1925 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Brown, Mt Airy Md Date Jan 29 1933

19. UNDERTAKER Wm Cook

(Address) 1212 St Paul St

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Surgery 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Hemorrhage	
Exsanguinating	Jan
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 1925 Edmondson (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Coroner

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1933

M. D. B. 1268-9

87029

HEALTH DEPARTMENT—CITY OF BALTIMORE

87029

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N. Milton Ave St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin Kahler

(a) Residence: No. 1110 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary E. Kohler

6. DATE OF BIRTH (month, day, year) Mar 6th 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Tessie Kahler

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah Kendig

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Irma L. Frey

(Address) 1110 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Hanover Pa Date 1/29/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1930 to Jan 27 1933

I last saw him alive on Jan 27, 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 33

Other contributory causes of importance:

Uremic Poisoning	Jan 30

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Kramer M. D.

(Address) 1301 N Patapsco Boat

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 87030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87030

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-01 St. Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DURUST CARTER.

(a) Residence: No. 3825 Ferndale Ave St., Ward. Forrest Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5c. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or WIFE of) Clementine Carter

6. DATE OF BIRTH (month, day, year) Dec 19th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co (State or country) Md.

FATHER

13. NAME Joseph Carter

14. BIRTHPLACE (city or town) Howard Co (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Howard Co (State or country) Md

17. INFORMANT Geo A. Carter

(Address) 3825 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Frederick Md Date Jan 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 27 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933, to Jan 26, 1933.

I last saw h ill alive on Jan 26, 1933 death is said to have occurred on the date stated above, at 7.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	1-24-33
Exhaustion.	

Other contributory causes of importance:

Name of operation Billroth I. Date of 1-24-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John K Cozine, M. D.

(Address) W 13 St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87031

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 Portland St. 22-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victor Kuricautis

(a) Residence: No. 654 Portland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Magdalen Kuricautis

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Butrom Kuricautis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. Kuricautis
(Address) 654 Portland St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 28 1933

19. UNDERTAKER John Grebliunas
(Address) 823 S. Paca St.

FILED JAN 28 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by illuminating gas	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) August Zellers Coroner M. D.
(Address) 2739 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87032

CERTIFICATE OF DEATH

E 87032

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital) Registered No. 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Preston B. Stone

(a) Residence: No. Parkton, Md St., Ward. Edgefield South Carolina

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Shred Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. La Porte Corp

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Preston B. Stone

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Hoffman

(Address) Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Edgefield South Carolina Date Jan 28 1933

19. UNDERTAKER Wm Cook

(Address) 217 E. Fayette St.

(Signed) Huntington Williams, N.D.

N 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19.., to, 19..

I last saw h alive on Injury, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra abdominal hemorrhage	
Internal Injuries	1/20/33
Other contributory causes of importance:	
Automobile Accident	1/20/33

Name of operation Laparotomy Date of 1/20/33

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/20 1933

Where did injury occur? York Rd + Penna Rd (County)

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto he was driving

Nature of injury Ran off road 1/20/33

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P. Kenny M. D.

Coroner

(Address) 2200 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 87033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87033

11-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15 Ward 6

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellis M. Herman

(a) Residence: No. 1723 N. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Dec 6 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Philip Herman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Celia Lowenthal

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs A. Herman

(Address) 1723 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Place Date Jan 28 1933

19. UNDERTAKER Sol Lurman, Bro

(Address) 1127 E. Baltimore St.

Huntington Williams, M.D.

Registrar.

N 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1933 to January 26, 1933

I last saw him alive on January 21 1933 death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Influenzal)	1/24/33
Cerebral Hemorrhage (?)	
Other contributory causes of importance: Essential Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87034

34 E 87034

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annabelle Sarah Fisher

(a) Residence: No. 406 N Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Joseph Baker

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Annie Griffin

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Pauline Martin
(Address) 406 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1/29/33 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

FILED JAN 28 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	
Syphilis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C A Reisinger M. D.
Coroner

(Address) 1305 N Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87035 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87035

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N Rentalen St. 15-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Lyttell

(a) Residence: No. 1503 N Rentalen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lyttell

6. DATE OF BIRTH (month, day, year) Aug 13 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Fate

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Raymond Richards

(Address) 4618 Marineale

18. BURIAL, CREMATION, OR REMOVAL

Hancock Md. Date Jan. 30 1933

19. UNDERTAKER Geo. ~~Geo~~ Lee.

(Address) Keyserville Md.

JAN 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1924 to January 27 1933

I last saw h a alive on January 27 1934. Death is said to have occurred on the date stated above, at 11:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial disease	9 yrs

Other **contributory causes** of importance:

Old age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

Signed) ..... M. D.

(Address) 1575 N Rentalen St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87036

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. London Ave St.) (90-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Marsh

(a) Residence: No. 211 S. London Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3rd 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brush Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Remsons Reich Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wm H. Marsh

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margaret Thatcher

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT J. W. Latchford

(Address) 211 S. London Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/28/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED JAN 28 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 26 1933

last saw h[illegible] alive on Jan 26 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Bronchus	Jan 1
Pneumonia	26

Other contributory causes of importance:

Chronic Prostate	Dec

Name of operation None Date of

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. A. Tuttle M. D.

(Address) Balto Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87037

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 108

CITY OF BALTIMORE: (No. ..... St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Blanchard

(a) Residence: No. 2223 Linden Ave St., ... Ward. H. L. & E.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sam B Blanchard

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Alice Ellis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/28/33 19

19. UNDERTAKER George F. Pfeltz Inc
(Address) 17 E. Eutaw St

Filed JAN 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1933 to Jan 27, 1933

I last saw her alive on Jan. 27 1933. Death is said to have occurred on the date stated above, at 7 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	1-23-33

Other contributory causes of importance:

Upper Respiratory Infection	1-15-33
Otitis Media	1-20-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Edw F. Mellan M. D.

(Address) Johns Hopkins Hosp.

Information should be entirely supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87038

CERTIFICATE OF DEATH

X 145-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. / ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alma Flourney

(a) Residence: No. Turner's Station, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 17/1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Pt., Md.

FATHER

13. NAME Wm. Flourney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie Watkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm. Flourney

(Address) Turner's Sta., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan. 26, 1933

19. UNDERTAKER Mrs. R. L. Elliott

(Address) 1129 N. Caroline St.

20. FILED JAN 28 1933 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pilaretal Pneumonia (Terminal)	
Endometritis. Generalized Peritonitis	

Other contributory causes of importance:

History of Induced Labor 8 months gestation. Birth of living child Jan 19 3 P.M.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. Pullen M. D.

Coroner

(Address) 508 E North Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87039

268971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87039

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6yr yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Green

(a) Residence: No. 1339 Carrol St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 10 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Green

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Lucy Ray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 30, 1933

19. UNDERTAKER Mrs. K. G. Elliott

(Address) 1129 N. Eutaw St

20. FILED JAN 28 1933 Huntington Williams M.D. Registrar.

R. P. W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 26, 1933

I last saw him alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura hemorrhagica (Symptomatic)	Jan 20
Septicaemia (B. Influenzae)	

Other contributory causes of importance:

Bilateral lobar pneumonia

Heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87040 E 87040

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Aged M.E. Church, St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jones

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Nov. 16, 1839

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
93	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Caroline Elvin

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 28 1933

19. UNDERTAKER George J. Smith

(Address) 534 Hollins St

Huntington Williams, Registrar.

JAN 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933, to Jan 27, 1933

I last saw h. alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Chronic Myocarditis.	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. E. Shannon M. D.

(Address) 200 N. Fulton Ave

X E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87041 — E 87041

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Madison St. W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Hodges

(a) Residence: No. 717 Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col'd | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bessie

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years: 45 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C70

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): Bessie Hodges

17. INFORMANT: [illegible]

(Address): 717 Madison

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Jan 28 1933

19. UNDERTAKER: George R. A. Gibson

(Address): 1735 Harlem Ave Huntington Village, Md

20. FILED: JAN 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on Jan 25 1933 Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Pulmonary Phthisis	year

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Lenk Coroner M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 87042

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 19-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosalie Hardy

(a) Residence: No. 22 N. Norris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Geo Hardy

14. BIRTHPLACE (city or town) N. C. (State or country)

MOTHER

15. MAIDEN NAME Maggie Green

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Maggie Hardy

(Address) 22 N. Norris St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Jan. 28, 1933

19. UNDERTAKER Joseph A. Hurley

(Address) 409 N. Mount Street

FILED ..... 1933 ..... Registrar.

N 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1933 to 1-26, 1933

I last saw her alive on 1-26, 1933. Death is said to have occurred on the date stated above, at 1:26 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	
Pneumococcus Meningitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 87043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87043

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Hanover ST. 23-01 WARD)

2-FULL NAME William C. Fessler

(a) RESIDENCE NO. 1119 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Ida. M. Fessler

6 DATE OF BIRTH (month, day, and year): July 4th 1871

7 AGE: Years 61 Months 6 Days 23. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: 086

(a) Trade, profession or particular kind of work: Stable Boss

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Reading Coal Co.

9 BIRTHPLACE (city or town) (State or country): Fremont Pa.

PARENTS

10 NAME OF FATHER: William Fessler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Hunsinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: David E. McKeown

(Address): 1119 Hanover st

15 1 28 1933 Huntington Williams N.E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27th 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27th, 1933, to Jan. 27th 1933, that I last saw him alive on Jan. 27th, 1933 and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 11 hours.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Heibel M. D.

1/28, 1933 (Address) 1224-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisburg Pa

DATE OF BURIAL: Jan 30th 1933

20 UNDERTAKER: E. Schloman & Son

ADDRESS: 639 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1206-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 87044

CERTIFICATE OF DEATH

59 E 87044

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 E. Baltimore St. St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna Szymanska

(a) Residence: No. 2616 E. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Iwaszkewicz

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Frances Zakrocka

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Roman Daugh[illegible]
(Address) 2616 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 30 19 33

19. UNDERTAKER P. W. Gawski
(Address) 1910 Gough St

20. FILED JAN 28 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 19 33

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1932 to Jan. 26, 1933

I last saw her alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 9 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Diabetes	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Andrew Szymanski M. D.

1/27/33 (Address) 2529 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87045 HEALTH DEPARTMENT—CITY OF BALTIMORE E87045

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3341 Raine St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Baker Jr.

(a) Residence: No. 3341 Raine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary L. Baker

6. DATE OF BIRTH (month, day, year) May 6, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68.	8.	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William H. Baker Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Elliott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary L. Baker (Wife)
(Address) 3341 Raine St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan 30 1933

19. UNDERTAKER Walter Davis
(Address) 3418 Pinkney Ave

Filed JAN 28 1933 Washington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Jan 27 1933

I last saw h.. alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs ago.

Other contributory causes of importance: Arterio-sclerosis

Name of operation none Date of —

What test confirmed diagnosis? Clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Irvin Drueck M. D.

(Address) 846 W Lanvale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87046 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87046

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 573 Dolphin St., 17-01 Ward)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Hudson

(a) Residence: No. 573 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Garfield Hudson

6. DATE OF BIRTH (month, day, year) 1961

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anne Boose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Garfield Hudson

(Address) 573 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-28 1933

19. UNDERTAKER Hamilton Easton

(Address) 916 Pa Ave

20. FILED ... 1933 Huntington Wilson Registrar.

JAN 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to Jan 26 1933

I last saw h[illegible] alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 6 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1/23

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W Hatcher M. D.

(Address) 1503 Pa Ave 1/27/33

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 87047

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 87047

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 1200 Valley Ward)

2-FULL NAME Mary Archibald

(a) RESIDENCE NO. Little Sisters of the Poor. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1853

7 AGE: Years 80 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER James Archibald

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Maria Bailey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Stanislaus Supr.

(Address) 1200 Valley St. Balto. Md.

15 Filed ..... 19 ..... Registrar

28 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1933, to Jan 27 1933, that I last saw her alive on Jan 27 1933, and that death occurred, on the date stated above, at 8:45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

1/4, 1933 (Address) 1114 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: Jan 30 1933

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Fremont Ave

very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87048

CERTIFICATE OF DEATH

E 87048

1. PLACE OF DEATH Balto City Hospitals — Registered No. 2-3417

CITY OF BALTIMORE: (No. ..... St., 26 Ward) (If drath occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Whitehead

(a) Residence: No. Balto City Hosp. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Jan. 18, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12 BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan. 28 19 33

19. UNDERTAKER Harry H. Wittstadt

(Address) 4101 Edmondson Ave

Huntington Williams M.D.

Registrar.

1-28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-23 . 1925 to 1-24 . 1933

I last saw h. alive on 1-24 . 1933 Death is said to have occurred on the date stated above, at 6.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic depressive psychosis -	8 years
Ruptured Gastric ulcer	1-21-33
Other contributory causes of importance:	
Peritonitis	1-21-33
Post operative shock	1-21-33

Name of operation Laparotomy Date of 1-21-33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Bruce Robertson M.D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87049

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. 13-01

CITY OF BALTIMORE: (No. 818 Whitelock St. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Anna Bercowitz

(a) Residence: No. 818 Whitelock St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Simon Bercowitz

6. DATE OF BIRTH (month, day, year) Nov. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga, Russia

FATHER

13. NAME Noah Adelberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ----------

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Jennie Katten
(Address) 818 Whitelock St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto.Heb.Cem. Date Jan. 19 33

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eastern Ave

JAN 28 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1932 to January 28, 1933

I last saw h[illegible] alive on January 28, 1933 Death is said to have occurred on the date stated above, at 8 A.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio - Vascular Disease a) Congestive Heart Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) David Lesser M. D.

1/28/33 (Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87050

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4406 Falls Road, 27th Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E Ellison

(a) Residence: No. 4406 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James W Ellison

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Rachel A. Mathews

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs. Rogers
(Address) 4406 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 31, 1933

19. UNDERTAKER Chenoweth Bros
(Address) 4406 Falls Road

[illegible] Washington Village N.T.
Registrar.

N 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1932, to Jan 28, 1933

I last saw him alive on Jan 27, 1933. Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	not known
Other contributory causes of importance:	
—	

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87051

CERTIFICATE OF DEATH

+ 119 E 87051

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Smith

(a) Residence: No. 711 W. 36th St. St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (a)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

FATHER

13. NAME Glee Smith

14. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

MOTHER

15. MAIDEN NAME Naomi Ridgell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Glee Smith

(Address) 711 W. 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Date Jan 28, 1933

19. UNDERTAKER Thos. Hampden Thos. Hampden & Sons

(Address) 3015 Gwynn Oak Ave.

20. FILED JAN 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1933 to Jan 27, 1933

I last saw h.i.m. alive on Jan 27, 1933. Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 17
Pneumonia Type Bronchial	" 21

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Eisenhardt M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

87052 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87052

59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp'l St. 3-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lowell

(a) Residence: No. 814 W 32nd St., Balto. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married (Separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Geo. Lowell

6. DATE OF BIRTH (month, day, year) Jan. 15th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jesse Lowell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Rodgers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sister, Mrs Bradley

(Address) 3546 Poole St., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 30, 1933

19. UNDERTAKER Chenowith Stone

(Address) 3615-17 Chestnut Ave

JAN 28 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1933 to Jan 27, 1933

I last saw him alive on Jan 24, 1933. Death is said to have occurred on the date stated above, at 1:19 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Jan 13
Myocardial Insufficiency	Jan 20
Other contributory causes of importance: Thrombosis of int. popliteal artery right with Gangrene of Rt. Leg	Jan 17th
Diabetes mellitus	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Sprecher Jr. M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87053 ✓ E 87053

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4214 Bayonne Ave (St.) 26-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Fellenbaum

(a) RESIDENCE NO. 4214 Bayonne Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward P. Fellenbaum

6 DATE OF BIRTH (month, day, and year): Sept 6 1879

7 AGE — Years: 53 — Months: 4 — Days: 21 — If LESS than 1 day.....hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home.

(b) General nature of industry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Westernport, Md.

PARENTS

10 NAME OF FATHER: Henry Frankland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: Edward P. Fellenbaum (Address) 4214 Bayonne Ave

15 [illegible]

Registrar

28 1933

MEDICAL CERTIFICATE OF DEATH

0

16 DATE OF DEATH (month, day, and year): Jan 27 1933

17

I HEREBY CERTIFY, That I attended deceased from May 31 .1932. to Jan 27 .1933.

that I last saw h w alive on Jan 27 .1933.

and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) several yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum for T. B. +

(Signed) M Bernard Wood, M. D.

1/28, 1933 (Address) 2216 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Ennon (Cem)

DATE OF BURIAL: 1/31 1933

20 UNDERTAKER: Frederick Lissau Sons

ADDRESS: 7401 Belair Rd

M. D. B. 1268-9

E 87054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87054

94-007

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 310 Broxton Road St. 27-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Humberson Price, Jr.

(a) Residence: No. 310 Broxton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Kahle

6. DATE OF BIRTH (month, day, year) Jan. 18, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newbern, Va.

FATHER

13. NAME William Humberson Price

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Crowe

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Eva Kahle Price
(Address) 310 Broxton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Emory, Va. Date Jan. 28, 1933

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED JAN 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-33, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to 1-27-33, 19

I last saw him alive on 1-23, 1933. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ANGINA PECTORIS	1932
CORONARY THROMBOSIS	12-5-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Toomey, M. D.

(Address) 1129 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

87055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159E 87055

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 W. Saratoga St. 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Thomas

(a) Residence: No. 1503 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	Premature.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-26-33

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 30 min.
Premature			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Kenneth Henderson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Justine Raynal

16. BIRTHPLACE (city or town) (State or country) Mayodan, Va.

17. INFORMANT

(Address)

18. ~~BURIAL, CREMATION,~~ OR REMOVAL

Place University of Md Date Jan 28, 1933

19. UNDERTAKER

(Address)

Filed Jan 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1933 to 1-26, 1933

I last saw him alive on 1-26, 1933. Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
2 Spontaneous Abortion	
16 wks.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 87056

87056 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87056

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2823 Maisel St. 25-21 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Lucia Belletti

(a) Residence: No. 2823 Maisel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pietro Belletti

6. DATE OF BIRTH (month, day, year) April 5, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luigi Pisani

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carolina Muccia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Pietro Belletti
(Address) 2823 Maisel st

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Jan 30 1933.

19. UNDERTAKER Frank V. Pipitone
(Address) 2418 E. Baltimore st

AN 28 1933 Huntington Hillegas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1933

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1933 to January 27 1933

I last saw h[illegible] alive on January 27 1933 death is said to have occurred on the date stated above, at 12.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-20-33?
Other contributory causes of importance:	
Cardiac Failure	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent M. Messina M. D.

(Address) 102 W. Ostend St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

87057

E 87057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

2. FULL NAME Fiodor Ignatik

(a) Residence: No. 714 Hanover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Begunas
(Address) 714 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian Orthodox Date Jan 29 1933

19. UNDERTAKER John Grebliauskas
(Address) 423 S. Paca St.

JAN 28 1933

....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. J. Neptune M. D. Coroner

(Address) 1305 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87058

87058 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Kate ave St., 15-11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael Leah Shifren

(a) Residence: No. 2837 Kate ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Shifren - Son

(Address) 2658 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-29-33 19

19. UNDERTAKER Geo. Lewis Jos

(Address) 1439 E. Baltimore St

FILED JAN 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933 to Jan 27, 1933

Last saw h.e.l. alive on Jan 27, 1933. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Heart Block	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marcus Ephraim, M. D.

(Address) 1904 E Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

I hereby certify that the above is a true statement of the particulars required to be given by me, so far as they are known to me, and that it may be properly classified. Exact statement of

M. D. B. 1268-9

87059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87059

CERTIFICATE OF DEATH

X V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E. Preston St. 5-E Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Keith

(a) Residence: No. Centreville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John H. Keith

6. DATE OF BIRTH (month, day, year) August 1 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Centreville, Md.

FATHER

13. NAME James K. Costin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte D. Wood

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John H. Keith
(Address) Centreville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Centreville, Md. Date Jan. 29- 1933

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

19. FILED JAN 29 1933, 19..... for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933 to Jan 29 1933.

I last saw h.. alive on Jan 28 1933. Death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tapemia	1/29/33

Other contributory causes of importance:

Acute Bronchopneumonia	Jan 24/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alma B Lemmon M. D.

(Address) 718 N. Patterson Pk

OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1933

M. D. B. 1268-9

E 87060 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87060

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1320 Fremont St. Ward 13-01)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Carroll

(a) Residence: No. 1320 N. Fremont St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Wm H. Carroll

6. DATE OF BIRTH (month, day, year): 1890 —

7. AGE: Years 43 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 0 70

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: John Wilson
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mckenna
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Wm H. Carroll 1320 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place: Hope Chapel C.A. Co. Date: Jan. 29, 1933

19. UNDERTAKER (Address): Jesse H. Reed 1320 N. Fremont St. Huntington Baltimore, Md.

20. FILED: JAN 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...
I last saw h... alive on Inquiries 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 1900
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury: ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner, M. D.
(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87061

87061

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Ensor ST. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bridget Ann Slattery

(a) RESIDENCE NO. 1209 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. Unknown How long in U. S., if foreign birth? 60 yrs. Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 72	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Galway,
(State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Slattery

11 BIRTHPLACE OF FATHER (city or town) Galway,
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Eleanor Clasby

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Thos. O'Keefe

(Address) 1209 Ensor St.

15 Filed JAN 29 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-33

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1933, to Jan. 28, 1933, that I last saw her alive on Jan. 27, 1933 and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis and Endocarditis (duration) 10 yrs — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical evidence

(Signed) Wm B. Dyer M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan. 31, 1933
20 UNDERTAKER	ADDRESS
Edmund W. Conklin	824 E. Eager St.

1-30—M. & T.—100 B—50L

E 87062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87062

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cahill's Ship Yard. Key Highway & Webster Sts. (WARD) 23-01

2-FULL NAME James Meekins

(a) RESIDENCE No. 33 E. Hamburg St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed or divorced
HUSBAND of [redacted] Margaret Meekins.

6 DATE OF BIRTH (month, day, and year) June 2, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Fireman on Tug.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Meekins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Henrietta Tall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Miller. (sister)
(Address) 1504 Jackson St.

15 Filed ..... 19.. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

1/28/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Jan. 30. 1933

20 UNDERTAKER: J. Lew. McCully. 1306 Fort Ave. — ADDRESS

CERTIFICATE OF DEATH must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87063 HEALTH DEPARTMENT—CITY OF BALTIMORE B 87063

CERTIFICATE OF DEATH

210-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Anstine

(a) Residence: No. 2328 Barclay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of Mary
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffee Roaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 66

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hayfields, Maryland
(State or country)

FATHER

13. NAME Westley Anstine

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Catherine Felder

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mary Anstine
(Address) 2328 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park
Place Date 1/31, 1933

19. UNDERTAKER Rosenberger & Gross.
(Address) Belvedere Sts.

20. FILED 2-3-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 . to . 19 .
I last saw h alive on Jan. 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/27/33
Sub dural Hemorrhage	
Other contributory causes of importance:	
Automobile accident	1/27/33

Name of operation Subtemp. decompression Date of 1/28/33
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/27, 1933
Where did injury occur? Calvert & 23rd Sts.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Struck by auto 1/27/33
Nature of injury while walking in street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

E 87064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87064

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 97-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME 611 Paul Jones

(a) Residence: No. 911 Arlington Ave., Govans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie L. Jones

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. ******

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie L. Jones
(Address) 911 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Univ. Date Jan. 29th 1933

19. UNDERTAKER Byron Harris & Wright
(Address) 1118 McCulloh St

20. FILED ..., 19... Registrar.

291933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Fractured skull at base.	Jan 24

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan 24, 19...

Where did injury occur? in street-Arlington Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Struck with pick handle

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. E. H. Gaines, M. D.
Coroner

(Address) 5086 York Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87065 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87065

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2055 Ellington Ave St., 5-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos. G. Lambdin

(a) Residence: No. 2101 N. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Bertha V. Lambdin

6. DATE OF BIRTH (month, day, year) Sept 23-75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wm Lambdin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna E.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha V. Lambdin
(Address) 2055 Ellington

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/1/33

19. UNDERTAKER Philip Henry & Sons
(Address) 2016 Orleans St

Registrar. Washington D. C.

JAN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. E. Norris M. D.
Coroner

(Address) 1305 N. Patterson Park Ave

M. D. B. 1263-9

87066 E 87066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Causey

(a) Residence: No. Princess Anne St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 11, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm E. Causey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bertha Curry

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father
(Address) Princess Anne, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1/30/33

19. UNDERTAKER Philip Herring
(Address) 2016 Pulaski St

20. FILED JAN 29 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Jan 29, 1933

I last saw her alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 3004 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Bilateral Otitis Media	
Marasmus	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Lennard M. D.

(Address) St Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87067 269 313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87067

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vernon Ayres

(a) Residence: No. Bradshaw Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/26/20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas. Ayres

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Addison

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Md Upper Falls Date 1/31 '33

19. UNDERTAKER David Dandare

(Address) Upper Falls

20. FILED JAN 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933 to Jan 29, 1933

I last saw him alive on Jan 29, 1933. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ann E. Kattner M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A4Co. 5.11.33

87068

E 87068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 18-06 Ward)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Thurn

(a) Residence: No. 860 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Thurn

6. DATE OF BIRTH (month, day, year) Dec 6th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self. 638

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Thurn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa F. Sauer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Sarah Thurn

(Address) 860 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 1/31/ 1933

19. UNDERTAKER John J. Cowan & Son

(Address) 96 Collins St.

20. FILED 1-31-33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-17-33, 19, to 1-28-33, 19

I last saw he alive on 1-28-33, 19 death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1-28-33
Generalized arteriosclerosis	?
Coronary arteriosclerosis	?
Diabetes Mellitus	?
Chronic Myocarditis -	

Other contributory causes of importance:

Injuries Sustained.

Name of operation post. gastro enterostomy of 1-21-33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. W. Dunbar, M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-B

E 87069

E 87069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3236 Kingsley, St. 20-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Repp

(a) Residence: No. 3236 Kingsley, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida May Repp

6. DATE OF BIRTH (month, day, year) June 21, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 873

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Repp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Seifert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John R. Repp
(Address) 3236 Kingsley, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/30/33 19

19. UNDERTAKER Frederick A. Cole
(Address) 1210 W. Lombard, St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Jan 27 1933

I last saw him alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 12.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension.	Jan
Cardio-Renal disease	1930
Other contributory causes of importance:	
Pneumonia Bronchio.	Dec 3
	1932

Name of operation No Date of

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot V. Johnson M. D.

(Address) 3432 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

1933

M. D. R. 1268-9

E 87070

87070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 94-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Shelley

(a) Residence: No. Freelands, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Shelley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME E. May Schaudkopf

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father

(Address) Freelands Md

18. BURIAL, CREMATION, OR REMOVAL

Place Freeland, Balto Co. Date Feb. 1, 1933

19. UNDERTAKER William F. Brooks & Son

(Address) Sparks, Md

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to Jan 29, 1933

I last saw him alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Mellitus	

Other contributory causes of importance:

Name of operation Appendectomy Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eldred Robertson, M. D.

(Address) Franklin Sq Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 87071

E 87071 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 94-002

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Mrs Percy H Stewart~~ Elinor Cochran Stewart

(a) Residence: No. 2200 Kalorama Rd Wash, D.C. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Percy H Stewart

6. DATE OF BIRTH (month, day, year) Dec 10, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan 31 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yonkers (State or country) New York

FATHER

13. NAME William F. Cochran

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Eva Smith

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Percy H Stewart (Address) 2200 Kalorama Rd Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Jan 30 1933

19. UNDERTAKER Henry Walker & Co. (Address) Connecticut Ave & L St

20. FILED Jan 30 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 29, 1933

I last saw her alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Myocardial failure
Pulmonary edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87072

CERTIFICATE OF DEATH

XV 122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 30 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Yankulov

(a) Residence: No. Old Washington Road St., Ward. Halethorpe Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Annie Yankulov

6. DATE OF BIRTH (month, day, year) June 27th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swift & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Nicholas Yankulov

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Annie Yankulov

(Address) Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Jan 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 30 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/23/33 19..., to 1/27/33 19..... I last saw h[illegible] alive on 1/27/33 19..... Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Chronic)	?
Other contributory causes of importance: Intestinal Obstruction (Acute) Thrombo Coagulation	1/27/33

Name of operation Laparotomy Date of 1/27/33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Maryland [illegible]

M. D. B. 1268-9

87073 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B87073

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Springdale Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Jane Stonebraker

(a) Residence: No. 3610 Springdale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Stonebraker

6. DATE OF BIRTH (month, day, year) April 9, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	80	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Ezra Valentine

14. BIRTHPLACE (city or town) Carroll County (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Trone

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Mr. Robert M. Arnold

(Address) 3610 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 30, 19 33

19. UNDERTAKER Joseph H. Cook

(Address) 1053 W. Baltimore St.

20. DATE JAN 30 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1933 to Jan 27 1933

I last saw her alive on Jan 27, 1933 Death is said to have occurred on the date stated above, at 6.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-21-33
Bronchitis	"
Cardiac Dilatation.	1-24-33

Other contributory causes of importance: Chronic Interstitial Nephritis Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis J. Warner, M. D.

(Address) 2604 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87074 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87074

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Walbrook Ave. St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Reed

(a) Residence: No. 3015 Walbrook Ave: St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Reed

6. DATE OF BIRTH (month, day, year) February 28, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Andrew J. Reed

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ann R. Smith

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Gilbert W. Reed
(Address) 3015 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 30 19 33

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED Jan 30 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 19 33 to Jan 27 19 33

I last saw him alive on Jan 27 19 33 Death is said to have occurred on the date stated above, at 10.50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis, Emphysema & Pneumonia and Chronic Interstitial Nephritis	20 yrs.
Other contributory causes of importance:	
Cerebral edema	2 dys.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac C. Dickson M. D.

(Address) 3055 W. North Ave.

INSTRUCTIONS: It is very important that the instructions on back of certificate be carefully observed.

M. D. B. 1265-9

87075

HEALTH DEPARTMENT—CITY OF BALTIMORE

87075

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Frederick Ave. St. 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. McKewen

(a) Residence: No. 4207 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. McKewen

6. DATE OF BIRTH (month, day, year) January 1, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	-	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Hamilton

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mrs. W. A. Knell
(Address) 4207 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan. 30 1933

19. UNDERTAKER Joseph A. Cook
Address 1300 E. Fayette St.

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933, to Jan 26, 1933

I last saw her alive on Jan 26, 1933. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset Jan 21

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry D. McCarty. M. D.

(Address) 37 W. Preston St.

OCCUPATION IS very important. See instructions on back of certificate.

AaCo. 5-31 250B

87076

HEALTH DEPARTMENT—CITY OF BALTIMORE

87076

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Hamit Bell Harriett A. Bell

(a) Residence: No. 2013 - W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evan H. Bell

6. DATE OF BIRTH (month, day, year) February 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Nicholas Ash

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Arabella Hall

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Howard F. Proctor
(Address) 2013 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Jan. 30, 19 33

19. UNDERTAKER Joseph F. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 10 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1933 to 1/26, 1933

I last saw h.. alive on 1/26, 1933 death is said to have occurred on the date stated above, at 11.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	unknown

Other contributory causes of importance:
Calculus in Left Ureter
Chronic Nephritis
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. H. Crawford, M. D.

(Address) Bon Secours Hosp.

30 1933

1-30—M. & T.—100 B—50L

E 87077

87077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75v

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail ST. 15-01 WARD)

2-FULL NAME August B. Hartman

(a) RESIDENCE NO 1708 N Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
mal	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hartman

6 DATE OF BIRTH (month, day, and year) Dec. 7-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	34	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 40
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Frank Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mamie Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Leo. Tickner (Address) 2005 Wheeler Ave.

15 Filed JAN 30 1933 Registrar Huntington Hilliard

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Alcoholism

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Chronic

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Jail Physician

(Signed) James McHenton Coroner, M. D.

Jan. 27, 1933 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL Jan 30 1933

20 UNDERTAKER Wm J. Tickner Sons

ADDRESS N. Pa.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87078

E 87078

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Chatham Rd. Ward) 8-01

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Gulsman Gray

(a) Residence: No. 3820 Chatham Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced — HUSBAND (or) WIFE of: Bartow Gray

6. DATE OF BIRTH (month, day, year): June 6 1884

7. AGE — Years: 44 | Months: 0 | Days: 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md. Balto City

FATHER

13. NAME: James W. Gulsman

14. BIRTHPLACE (city or town) (State or country): Newport Ky

MOTHER

15. MAIDEN NAME: Louise Sullivan

16. BIRTHPLACE (city or town) (State or country): Newport Ky

17. INFORMANT: Richard Gray

(Address) 3820 Chatham Rd

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Date Jan 30. 1933

19. UNDERTAKER: Wm. J. Nicholson

(Address) Monument Ave.

20. FILED Jan 30 1933 Hamilton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24. 1933 to Jan 27. 1933

I last saw h.. alive on Jan 27. 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza.	4 days.
Other contributory causes of importance: Broncho Pneumonia	2 days

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Nicholson M. D.

(Address) 2901 Edmondson Ave.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

87079 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87079

CERTIFICATE OF DEATH

V 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 13-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John F. Boyd

(a) Residence: No. 4129 Roland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. J. F. Boyd

6. DATE OF BIRTH (month, day, year) Nov. 21 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40 y

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Boyd

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Armington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frieda Stehl
(Address) 4129 Rolandave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 30 1933

19. UNDERTAKER John O. Matthews & Sons
(Address) 3600 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 5 PM, 1933 to Jan 28, 8 PM, 1933

I last saw h.. alive on Jan 28, 1933. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	?

Other contributory causes of importance:

Empyaema	1 week

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marie E. Hecht M. D.

(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87080 E 87080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 140

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence May Smith

(a) Residence: No. 3410 Edgewood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15/1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Arthur R. D. Smith

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Hannah Cowling

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Arthur R. D. Smith
(Address) 3410 Edgewood Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 30, 19 33

19. UNDERTAKER Lud O. Mitchell & Son
(Address) 1601 Eutaw Place

20. FILED Jan 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27/33, 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

General Sepsis — Date of onset

Other contributory causes of importance:

Abortion-probably induced 6-10 day (Not unable to determine)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. St. Cyr Coroner, M. D.

(Address) 508 E. Fort Ave

K. D. B. 1248

87081

HEALTH DEPARTMENT—CITY OF BALTIMORE 87081

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred uncertain mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Emerson Lamb

(a) Residence: No. 3016 St. Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

FATHER

13. NAME John Emerson Lamb

14. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

MOTHER

15. MAIDEN NAME Estes Matthews

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

17. INFORMANT M. S. Hecht

(Address) Union Mem Hosp.

18. BURIAL, CREMATION, OR REMOVAL.

Place Evergreen Cem Date Jan 30 1933

19. UNDERTAKER Chas. G. Franck

(Address) 502 Madison Ave

20. FILED 1933 Registrar.

JAN 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932 to Jan 28, 1933.

I last saw h-r alive on Jan 28, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured femur, left	Oct 25
Bronchopneumonia	terminal
Cor.	
Other contributory causes of importance:	
Arteriosclerosis	?
Senility	

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Manuel S. Hecht M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 87082

87082 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Mulliken St. 6-01 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Willis

(a) Residence: No. 1618 Mulliken St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Willis

6. DATE OF BIRTH (month, day, year) Sept 12, 1882 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34 ~~50~~	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah Willis (wife)
(Address) 1618 Mulliken St

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date Jan 30 1933

19. UNDERTAKER Mrs Chas H. Bailey
(Address) 1401 Jefferson St E

20. FILED JAN 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to Jan 27, 1933

I last saw him alive on Jan 26 1933 death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 24

Other contributory causes of importance:

— Paresis —	1923

Name of operation ..... Date of ..... ov

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. W. Peters M. D.

1-27-33 (Address) 501 Cathedral St

AdCo. 5-11 2508

87083 HEALTH DEPARTMENT—CITY OF BALTIMORE 87083

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E. Eutaw Ave St. 26-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ___ mos. ___ da. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Louisa A. C. Hupfer

(a) Residence: No. 321 E. Eutaw Ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia F. Hupfer

6. DATE OF BIRTH (month, day, year) March 19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
63	53	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William ___

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Fiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cecilia Hupfer
(Address) 321 E. Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 30 1933

19. UNDERTAKER John C. Miller
(Address) 2735 E. Oliver St

20. FILED ___ 19___ ___ Registrar

JAN 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933, to June 26, 1933

I last saw him alive on June 20, 1933, death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

(Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) ___, M. D.

(Address) 301 E. Eutaw Ave

M. D. R. 1268-9

87084

E 87084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 12-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Charles Stone

(a) Residence: No. 2122 Greenmount ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles W. Stone

14. BIRTHPLACE (city or town) Waynesboro
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elsie Barney

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL New Windsor

Place Pipe Creek Cem Date Jan 31, 1933

19. UNDERTAKER John C. Miller

(Address) 2235 E. Baltimore St

20. [illegible] Huntingdon Pennsylvania

JAN 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1933, to January 27, 1933

I last saw him alive on January 27, 1933. Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis bilateral with multiple cavitation.

Date of onset July 1931

Other contributory causes of importance:

Ulcer duodenal at Pk. Duct.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Maurice L. Kozow, M. D.

(Address) Baltimore City Hospitals

87085

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87085

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Brunt n St. 14-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Johnson

(a) Residence: No. 2224 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Johnson

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) St Mary's Co Md.
(State or country)

FATHER

13. NAME Chatman Fennick

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Lucy Dorsey

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mary Young
(Address) Hollywood P.O. St Mary's Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 30, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 303 Presstman St.

JAN 30 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1933, to 1/27, 1933

I last saw h[illegible] alive on 1/27, 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	1 Year
Chr. Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible], M. D.

(Address) 234 D [illegible]

M. D. B. 1268-9

E 87086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87086

CERTIFICATE OF DEATH

V 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-01 (Ward)

Length of residence in city or town where death occurred ... yrs. 14 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helena Wittstadt

(a) Residence: No. 2917 Westfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 15 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME George Wittstadt

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Lena Winterberg

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Jan 31 1933

19. UNDERTAKER Lilly & Feiler Bro.
(Address) 402 N. Howard St.

20. FILED Jan 30 1933 Hunting Towers Catonsville, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/33

22. I HEREBY CERTIFY, That I attended deceased from 1/20/33 to 1/28/33

I last saw h[er] alive on 1/28/33. Death is said to have occurred on the date stated above, at 6:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days
Other contributory causes of importance:	
Acute Infection Tonsils	4 days
Acute Otitis media	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

M. D. C. 1268-9

87087. **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87087.

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4113 Penhurst Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Theresa Ehlis

(a) Residence: No. 4113 Penhurst Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest A Ehlis

6. DATE OF BIRTH (month, day, year) Jan 27 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME Valentine Muller

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Anna Marie Gentil

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Ernest A. Ehlis
(Address) 4113 Penhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Janry 31 1933

19. UNDERTAKER Harry R Anhaeuser Son
(Address) 4201 Reisterstown Rd

20. FILED JAN 30 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1933 to Jan 29 1933

I last saw her alive on Jan 29 1933. Death is said to have occurred on the date stated above, at 1-30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart	1933 Jan 28

Other contributory causes of importance:

Myocarditis
from history about
3 mo. duration

Name of operation ne chemical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Walter Burkett M. D.

(Address) 2220 Harlem Ave

M. D. B. 1263-9

E 87088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87088

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Franklin Square St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Wischer

(a) Residence: No. 1109 S. East Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Wischer

7. DATE OF BIRTH (month, day, year) May 1. 1909

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Kizynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Leona Koprowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Wischer
(Address) 1109 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Feb 1 1933

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1933 to 1-29 1933

I last saw h[illegible] alive on 1-29 1933 Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	1-21-33
Other contributory causes of importance: Intestinal Obstruction	1-24-33

Name of operation Appendectomy Date of 1-25-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. B. Grant M. D.

(Address) 3 Franklin Square Hospital

M. D. B. 1268-9

E 87089 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87089

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. — mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Levi Arnolee Barnes

(a) Residence: No. New Windsor, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Barnes

6. DATE OF BIRTH (month, day, year) Feb 13, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	64	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

FATHER

13. NAME John Thomas Barnes

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

MOTHER

15. MAIDEN NAME Eliza Jane Eakes

16. BIRTHPLACE (city or town) (State or country) New Windsor Carroll Co. Maryland

17. INFORMANT Mrs. Emma J. Barnes

(Address) New Windsor Frederick Co, Md.

18. BURIAL, CREMATION, OR REMOVAL Evergreen Cemetery Date Feb. 1 1933

19. UNDERTAKER C. M. Kelly

(Address) Westfield Md.

FEB 1 1933, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1933, to Jan 30, 1933

I last saw him alive on Jan 30, 1933. Death is said to have occurred on the date stated above, at 8 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	?
Bronchial Pneumonia	1/28/33
Other contributory causes of importance: Myocardial Failure	1/30/33

Name of operation Colostomy Date of 1/19/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Emil J. C. Hildenbrand M. D.

(Address) University Hospital

M. D. R. 1248-9

E 87090 / 26939 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87090

CERTIFICATE OF DEATH

XV 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 7-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Klima

(a) Residence: No. Chesco Park St., Raspeburg Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-9-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		20 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vincent

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillian Marshall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Rood Cem Jan 31 1933

19. UNDERTAKER Hoffman Henderson (Address) 1050 Eutaw ave

20. FILED 19 Registrar.

Huntington Md

JAN 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to Jan 29, 1933

I last saw him alive on Jan 29, 1933. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-26-33
Bronchitis	1-25-33

Other contributory causes of importance:

Prematurity	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. F. Mahon M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87091

CERTIFICATE OF DEATH

E 87091

Registered No. 93603

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 839 W Mulberry St. 70-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Mc Allister
(a) Residence: No. 839 W Mulberry St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mc Allister
6. DATE OF BIRTH (month, day, year) July 30-853
7. AGE Years 79 Months 5 Days 28 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
13. NAME Geo Mc Allister
14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
15. MAIDEN NAME Marie Lenchfield
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Mc Allister
(Address) 839 W Mulberry St
18. BURIAL, CREMATION, OR REMOVAL Date Jan 30 1933
Place Western Cemetery
19. UNDERTAKER J Vernon Collins
(Address) 1532 Harlem Ave
Registrar

20. FILED JAN 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1933
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 year

Other contributory causes of importance:

Name of operation Regular Date of
What test confirmed diagnosis? Was there an autopsy? No
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H E Buck Coroner, M. D.
(Address) Coroner

M. D. B. 1268-9

87092

HEALTH DEPARTMENT—CITY OF BALTIMORE

87092

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S Bradford St 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Maryanna Polski

(a) Residence: No. 624 S Bradford Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ignat Kamikowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Elizabeth Czekaj

(Address) 624 S Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hamilton Cem Date Feb 1 1933

19. UNDERTAKER George A. Weber

(Address) 705 S Conkling Street

20. FILED Hamilton Feb 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from October, 1932, to Jan 29, 1933

I last saw h alive on Jan 14 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	1/29/33
Other contributory causes of importance:	
Chronic myocarditis	Oct 1932

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) S. A. Feldman M. D.

(Address) 1420 E Baltimore St

AaCo. 5-31 250B

Ethel G Duffield

E 87093

87093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23rd St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ethel Frame Duffield

(a) Residence: No. Frametown St., ... Ward. W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lala Duffield

6. DATE OF BIRTH (month, day, year) Dec 31-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	4	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Frametown W Va

FATHER

13. NAME Mr. Willis B. Frame

14. BIRTHPLACE (city or town) (State or country) Frametown W Va

MOTHER

15. MAIDEN NAME Victoria Cudlip.

16. BIRTHPLACE (city or town) (State or country) Frametown W Va

17. INFORMANT ~~Dr.~~ Mrs W. B Frame
(Address) Frametown W Va

18. BURIAL, CREMATION, OR REMOVAL. Place Frametown W. Va Date Feb 2 1933

19. UNDERTAKER W. J. Tichenor & Sons
(Address) Nutter Fonna

FEB 3 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1933 to Jan 30, 1933

I last saw her alive on Jan 29, 1933 death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	
(Chronic Infectious Arthritis)	

Other contributory causes of importance: Chronic Infectious Arthritis

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury no

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Nathaniel M Beck M. D.

(Address) 100 E. 23rd St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87094

E 87094

CERTIFICATE OF DEATH

x V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Rupp St. St. 15-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 6 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Rose Goldstein

(a) Residence: No. 5 th Hewitt Place, Bronx St., N.Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced ~~HUSBAND~~ (or) WIFE of Abraham Goldstein

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Goldstein

(Address) 2108 Rupp St.

18. BURIAL, CREMATION, OR REMOVAL

Place New York City, N.Y. Date 1-30 1933

19. UNDERTAKER Clark Lewis Inc

(Address) 1439 E Fayette St Huntington W. Va.

FILED 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ..19.. to ..19..

I last saw h.. alive on ..19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hirschfeld Coroner M. D.

(Address) .....

M. D. B. 1268-9

E 87095

E 87095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderham Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarg Cohen

(a) Residence: No. 516 So. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of /

6. DATE OF BIRTH (month, day, year) June 23, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Aaron Cohen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sadie Stahne

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sadie Cohen

(Address) 516 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Interment Mt Carmel Date 1-30 1933

19. UNDERTAKER Duck Lewis Inc

(Address) 1439 E Balto St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933 to Jan 29, 1933

I last saw him alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 11 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Tonsillitis and Laryngo-tracheo bronchitis	1/15/33
Other contributory causes of importance:	
Mongolian Idiocy	life

Name of operation Tracheotomy Date of 1/24/33

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Peter Meranski M. D.

(Address) Lyderham Hospital

M. D. B. 1268-9

87096

HEALTH DEPARTMENT—CITY OF BALTIMORE

87096

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Fremont Ave 12-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Max Miller

(a) Residence: No. 1310 Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Stutzmann
(Address) 1919 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Hebrew Cem Date 1-30-33, 19

19. UNDERTAKER Jack Levin Inc
(Address) 1739 E. Baltimore St.

20. Filed [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h alive on January , 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Thrombosis Coronary artery — Date of onset 1 2 8 33

Other contributory causes of importance: Sclerosis of Coronary artery

Name of operation no Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) James M Fenton M. D.
1/28/33 (Address) 7 E Chase Coroner

E. 8207 ✓ E 87037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leon C. DuFort

(a) Residence: No. 1709 E. Fairmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Etta A. DuFort

6. DATE OF BIRTH (month, day, year) Sept 4 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	77	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) 6/32

11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Leon DuFort

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Caroline Dutarer

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 31 1933

19. UNDERTAKER Hughes & Locke Inc
(Address) 4141 Harford Avenue

20. FILED JAN 30 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/1933

22. I HEREBY CERTIFY, That I attended deceased from 6/17/1932 to 1/29/1933

I last saw h~~e~~ alive on 1/29/1933 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/7/32
Other contributory causes of importance: Arteriosclerosis. C.V. disease	2 yrs.
Senility	2

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. T. Gordon M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 87098 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87098

CERTIFICATE OF DEATH

Registered No. 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 24-Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gilmore E Wright

(a) Residence: No. Pasadena, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 19 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as mill: mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry C Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Marie Willis

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Marie Wright
(Address) Pasadena, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/30 19 33

19. UNDERTAKER John G. Denny
(Address) 715 Light St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1933 to 1-28, 1933

I last saw h[illegible] alive on 1-28, 1933 death is said to have occurred on the date stated above, at 6.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	1-22-33
Cause Being Determined by Cultures of Stools:—	
Dehydration Acidosis	1-25-33?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Ruben M. D.

(Address) South Baltimore Gen. Hosp.

E 87099 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87099 ✓

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of Poor St. 10-01 Ward)

2-FULL NAME Fannie Meyers

(a) RESIDENCE NO. Little Sisters of the Poor, 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed - August Meyers

6 DATE OF BIRTH (month, day, and year) Nov. 1837 1837

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	75 yrs.	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Philbeck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ? ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Sister Stanislaus, Supr.

(Address) 1200 - Valley St. Balt. Md.

15 Filed JAN 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1933, to Jan 27 1933, that I last saw her alive on Jan 27 1933, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) A. McCarthur, M. D.

1/30, 1933 (Address) 111 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

Date of Burial 1/31/33

20 UNDERTAKER Geo. R. Bayer Jr

ADDRESS 1512 Hollins St

very important. See instructions on back of certificates.

M. D. B. 1268-9

87100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87100

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. Md 14-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura L Cabb

(a) Residence: No. 626 Pitcher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cabble — 15c

6. DATE OF BIRTH (month, day, year) Oct 14

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Accomac Co, Va

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Marg. Bivins

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1-31 1933

19. UNDERTAKER Katie R. Williams
(Address) 222 N Schroeder St

20. FILED 1-31-1933 [illegible]
(Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1933 to 1-27 1933

I last saw h[illegible] alive on 1-27 1933 Death is said to have occurred on the date stated above, at 1:25-9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Hypertension	?
	1
Other contributory causes of importance: High Blood Pressure	
None	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-28-33 Chas Highsmith M. D.
(Signed)

(Address) Balto. City Hospitals

Spec.—1-12-23—M&T—500 Blks.

E 87101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87101

158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Hudson ST. 16-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Armstrong

(a) RESIDENCE NO. 3207 Hudson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Jan 26 1933

7 AGE: Years — Months — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer: none

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER John Armstrong

11 BIRTHPLACE OF FATHER (city or town) Knoxville (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Bessie Woodward

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs. John Armstrong (Address) 3207 Hudson St

15 Filed JAN 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933, to Jan 30, 1933, that I last saw h[illegible] alive on Jan 29, 1933, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/30/1933 (Address) 1010 S. Edwards Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lake Lawn Cem — DATE OF BURIAL: Jan 30 1933

20 UNDERTAKER: Stephens & Fiedhouse Inc — ADDRESS: 1000 N Kenyon

A&Co. 5-31 250B

E 87102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87102

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. Howard St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Demarco

(a) Residence: No. 226 S Howard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francesco Demarco

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Low Lenio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. F. Demarco
(Address) 226 S Howard St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/31/33 19...

19. UNDERTAKER S. S. Foley & Sons
(Address) 1318 Light St

20. FILED JAN 30 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1933 to 1-27- 1933

I last saw her alive on 1-27- 1933 death is said to have occurred on the date stated above, at p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Other contributory causes of importance:	
Old Age.	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter C Plate M. D.

(Address) 719 med arts Bldg

Spec.—1-12 23—M&T—500 Bks.

87103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 87103

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1099 Sharp ST.) 23-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Evelyn Sharp

(a) RESIDENCE No. 1009 Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds. 0

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept. 7 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Winston-Salem N.C.

PARENTS

10 NAME OF FATHER Chas. H. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Bessie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Mother) (Address) 1009 N. Sharp St.

15 Filed 2-1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23 1933 to Jan 29 1933

that I last saw her alive on Jan 29 1933

and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Chr. Ret. F. D.

CONTRIBUTORY (Secondary) Acute Pharyngitis (duration) yrs 9 mos ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. Taylor M. D.

1/30 1933 (Address) 1522 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Feb. 1 1933

20 UNDERTAKER Richard F. Cooley — ADDRESS 700 E. Hatt St.

301933

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87104

87-001 E 87104

CERTIFICATE OF DEATH

REGISTERED NO. 26-01

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4309 Forrest View Ave (WARD)

2—FULL NAME Mary Mueller.

(a) RESIDENCE No. 4309 Forrest View ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Mueller.

6 DATE OF BIRTH (month, day, and year): Sept 2nd 1851

7 AGE: Years 81 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

10 NAME OF FATHER: — Bopp.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Emma M. Ackerman (Address) 4309 Forrest View Ave

15 Filed: Jan 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 30/1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1932, to Jany 30 1933, that I last saw h alive on Jany 29 1933 and that death occurred, on the date stated above, at 1.55 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Walter Thomas, M. D.

Jany 30 1933 (Address) 3156 Sanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel Cemetery — DATE OF BURIAL: Feby 1st 1933

20 UNDERTAKER: Fredrick Lassahn & Son — ADDRESS: Belair Rd.

0 1933

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87105

CERTIFICATE OF DEATH

108 E 87105

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 24-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry James Malcolm

(a) Residence: No. 103 E Eager St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mid Lolling Date Jan 30, 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19..... Registrar.

0115 MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h— alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 6:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) B. Heyward M. D.
Coroner

(Address) 1305 N. Patterson Park

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87106 E 87106

CERTIFICATE OF DEATH

121 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 21-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jackson

(a) Residence: No. 626 W Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med. College Date Jan 30 . 1933

19. UNDERTAKER
(Address)

30 1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19..... to ..... . 19.....

I last saw h..... alive on ..... . 19..... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Other contributory causes of importance:	
Ruptured Appendix	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... . 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Lazarus M.D. M. D.

(Address) 1305 N Patterson Park Ave Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87107

CERTIFICATE OF DEATH

159 E 87107

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Whatcoat St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Burke

(a) Residence: No. 1131 Whatcoat St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 7- 1933

7. AGE: Years ... Months ... Days 1 hour. | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Jacob Trifle

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Sarah E. Burke

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Sarah E. Burke 1131 Whatcoat

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Date Jan 31 1933

19. UNDERTAKER (Address): Sam'l N. Chase Son 638 N. Gilmor

Jan 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28 a 33

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

(6 months Premature Birth (Lived 1 hour.)

Date of onset

Other contributory causes of importanre:

Name of operation ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Lentz Coroner, M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87108

E 87108

CERTIFICATE OF DEATH

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Huron St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary L. Barnes, nee Mary Colbert

(a) Residence: No. 2603 Huron St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Colbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Colbert
(Address) 1005 Creek Ave

18. BURIAL, CREMATION OR REMOVAL
Place Mt Olivet Cem Jan 31 1933

19. UNDERTAKER Walter B. Boyce
(Address) 139 W. Lanvale St.

20. FILED Jan 31 1933 Thomas J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27/1933

22. I HEREBY CERTIFY, That I attended deceased from 1/17/1933 to 1/27/1933

I last saw her alive on 1/26/1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	Jan 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) 912 Eutaw St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87109

CERTIFICATE OF DEATH

97-001

97 E 87109

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2828 Huntingdon St. 12-01 Ward)

2-FULL NAME Bernice H. Robinson

(a) RESIDENCE NO. 2828 Huntingdon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Chester Robinson

6 DATE OF BIRTH (month, day, and year) March 7, 1901

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
31	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John W. Smith

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Alban

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant: C. Chester Robinson
(Address) 2828 Huntingdon Ave

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Mossesser, M. D.

1/30, 1933 (Address) 6312 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park

DATE OF BURIAL Feb 1 1933

20 UNDERTAKER Chenoweth Son

ADDRESS 3615 Chestnut Ave

Important. See instructions on back of certificate.

30 1933

M. D. B. 1268-9

87110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87110

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 W 33rd St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Ruby

(a) Residence: No. 839 W 33rd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Uriah W. Ruby

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henry Ruby

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Uriah W. Ruby

(Address) 839 W 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Feb 2, 1933

19. UNDERTAKER Chamberlain Son

(Address) 3615-17 Eastern Ave.

20. FILED Huntington Williams Registrar.

FEB 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933 to Jan 30, 1933

I last saw h alive on Jan 30, 1933 Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 22
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Dames, M. D.

(Address) 1001 W 33rd St

M. D. B. 1268-9

E 87111 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 87111

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 1-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise C. Weisbrod

(a) Residence: No. 12 W. Mt. Vernon Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) March 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Md.

MOTHER FATHER

13. NAME Conrad Weisbrod

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Meyer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Miss Grace M. Weisbrod 12 W. Mt. Vernon Place

18. BURIAL, CREMATION or REMOVAL Place Towson, Md. Date Jan. 31, 1933

19. UNDERTAKER (Address) John O. Mitchell & Sons 1004 Eutaw Place

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, at 6.15 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaemia-Carcinomatous Metastases to liver, lungs and peritoneum	

Other contributory causes of importance:

Carcinoma of uterus	???

Hysterectomy- 9 mons ago
Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) J. H. Hearn, M. D.
Coroner

(Address) 506 Fidelity Bldg

0 1933

M. D. B. 1268-9

E 87112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87112

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Cathedral St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Cassidy

(a) Residence: No. 1110 Cathedral St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Cassidy

6. DATE OF BIRTH (month, day, year): May 4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 63	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — Taxi 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Frank Cassidy

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: agnes Lover

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr Edward T. Cassidy

(Address) 1110 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Cemetery Date 1/31 1933

19. UNDERTAKER: Wm Cook

(Address) 125 E Lanvale St

Huntington Pittman & Co

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1931 to Jan 28 1933

I last saw him alive on Jan 25 1933. Death is said to have occurred on the date stated above, at 8 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 2/31
Other contributory causes of importance:	
High Arterio Blood pressure	Jan 2/31
arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Wesley L. Pentecost M. D.

(Address) 1058 E Monument

N. D. B. 1268-8

E 87112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87112

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Cathedral St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Cassidy

(a) Residence: No. 1110 Cathedral St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Cassidy

6. DATE OF BIRTH (month, day, year) May 4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 63	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Taxis 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Cassidy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes Lower

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Edward T. Cassidy
(Address) 1110 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem 1/31 19 33

19. UNDERTAKER Wm Cook
(Address) 120 E Saratoga St

Thompson Funeral Home, Inc.

20. FILED [illegible] 19 [illegible] Registrar.

38 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Jan 28, 1933

I last saw h alive on Jan 25, 1933. Death is said to have occurred on the date stated above, at 8 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 2/31
Other contributory causes of importance:	
Hyp Arteriosclerosis Blood pressure	Jan 2/31
arteriosclerosis	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley F. Rountree, M. D.

(Address) 103 W Monument

M. D. B. 1268-9

87113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 87113

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 16-01 St. Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ahrendt

(a) Residence: No. 1044 Brantley st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Unknown~~ Laura Ahrendt

6. DATE OF BIRTH (month, day, year) Feb. 11, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Dispatcher do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year) Unknown 1932

11. Total time (years) spent in this occupation 7 Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1327 St. Paul St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1933 to January 29, 1933

I last saw him alive on January 29, 1933. Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 yr. (?)
Pulmonary hemorrhage, terminal.	6 da.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) H. L. Rossow M. D.

(Address) Baltimore City Hospitals

M. D. B. 1263-9

421

87114 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87114

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bd General Hospital St. 15-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr James Wright

(a) Residence: No. 1730 Braddish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mrs Tirda Wright

6. DATE OF BIRTH (month, day, year) Apr 4th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Fla

FATHER

13. NAME Alfred Wright

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Harriet Barton

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 31st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1933 Minnie Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 29 1933

I last saw him alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 12 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	1-26-33
Spreading Peritonitis	

Other contributory causes of importance:

Pneumonia (Lobar)	1-26-33

Name of operation Bronchotomy Date of 1-20-33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) Bd General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87116 E 87116

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4030 Boarman Ave St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Benjamin

(a) Residence: No. 4030 Boarman Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Samuel Benjamin

6. DATE OF BIRTH (month, day, year) July 28th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Joseph Scherer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sophia Morrison

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs. August A. Roth

(Address) 4030 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933 to Jan 29, 1933

I last saw her alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	
Hemorrhage of	2 days
Brain	

Other contributory causes of importance:

Death Blood Pressure	
Heart Failure	1 Yr
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1706 Fairmount Ave

M. D. B. 1268-9

87117 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87117

CERTIFICATE OF DEATH

45 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E. Monument St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert E. Cademore

(a) Residence: No. 2405 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Ida E. Cademore

6. DATE OF BIRTH (month, day, year) Feb 4th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Cademore

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida E. Cademore

(Address) 2405 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 1st 1933

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

Huntington Mills Registrar

307933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from September 16 1932 to Jan. 29 1933

I last saw h. alive on Jan. 28 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower jaw	Feb 1932
Exhaustion.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm J Schmitt M. D.

(Address) 701 N. Kenwood Ave.

M. D. R. 1268-9

87118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87118

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3-E-27½ St., 12 Ward)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds. 67-9-1

2. FULL NAME Kate Butler Campbell

(a) Residence: No. 3-E-27½ St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 28, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) June 1927

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER William L. Campbell

14. BIRTHPLACE (city or town) (State or country) Hannibal Mo.

15. MAIDEN NAME OF MOTHER Susan Zollinger Harrenberg

16. BIRTHPLACE (city or town) (State or country) Carrollton Ky.

17. INFORMANT Chas. W. Campbell Son

(Address) 3-E-27½ St.

18. BURIAL, CREMATION, OR REMOVAL. Date Jan. 31, 1933

Place Druid Hill Mausoleum

19. UNDERTAKER Edward McManus & Co.

(Address) 1211 Pennsylvania Ave.

Filed JAN 30 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Jan 29, 1933.

I last saw h.. alive on Jan 29, 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Angina Pectoris	1929
Coronary Thrombosis	1/29/33
Other contributory causes of importance:	
Senility	

Name of operation — Date of —

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

Specify whether injury occurred in industry, in home, or in public place —

(Specify city or town, county, and State)

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) John S. Bishop M. D.

(Address) 122-28 St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87119

CERTIFICATE OF DEATH

57 E 87119

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 26-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? 4 yrs. 0 mos. 0 ds.

2. FULL NAME Patrick Joseph Behan

(a) Residence: No. Mt Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug-1-1923

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
9	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy (at School)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan-23-1933

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Airdrie Scotland

FATHER

13. NAME Andrew Behan

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

MOTHER

15. MAIDEN NAME Mary Connerton

16. BIRTHPLACE (city or town) (State or country) Nova Scotia Canada

17. INFORMANT Wm A. Behan - (Father)
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas - Pikesville Date Jan 31 / 1933

19. UNDERTAKER Stewart Mortuary
(Address) 628 N Gay St.

20. FILED 1933 Huntington Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933 to January 28, 1933

I last saw h[illegible] alive on Jan 28, 1933. Death is said to have occurred on the date stated above, at 6-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	8 days
Other contributory causes of importance:	
Influenza Pneumonia	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wellington P. Heck M. D.

(Address) Mt Hope Retreat

M. D. B. 1268-9

87120 HEALTH DEPARTMENT—CITY OF BALTIMORE 87120

CERTIFICATE OF DEATH V107-001

Registered No. .....

1. PLACE OF DEATH Herman's Hospital St 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna C Janney

(a) Residence: No. 2101 Park Ave City St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. O. F Janney

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER'S MAIDEN NAME

13. NAME William Webb

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Rebecca Turner

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Bertha Janney

(Address) 2001 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cem Date Feb 1, 1933

19. UNDERTAKER Chas E. Ivanes

(Address) 802 Madison Ave

FILED 31 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th 1933 to Jan 30th 1933

I last saw her alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 11.18 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Bronchial Pneumonia, Chronic Bronchial Asthma	1-29-33 May 1933

Other contributory causes of importance:

Name of operation Excision of Nasal Polypi Bilat Date of Jan 27 1933

What test confirmed diagnosis Clin, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion P. Johnson M. D.

(Address) Woman's Hospital

M. D. B. 1263-9

87121

HEALTH DEPARTMENT—CITY OF BALTIMORE

87121

CERTIFICATE OF DEATH

35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Nelson

(a) Residence: No. 512 Gilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1895

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38 39 35			

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) 07? spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Mary Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Furniance

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Wilson
(Address) 512 Gilson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Penn Rd. Date Jan 31. 1933

19. UNDERTAKER U. J. Brooks
(Address) 1422 E. Baltimore St.

20. FILED JAN 31 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis — Date of onset

Other contributory causes of importance:

Total Coronal disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 12000

87122

E 87122

HEALTH DEPARTMENT—CITY OF BALTIMORE

269296

N. Surg

V 53

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 24-01 St., Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Louise Trimble

(a) Residence: No. 1627 Latrobe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 29-1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Texas

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Jan 31 1933

19. UNDERTAKER Carl H. Bisse Sons

(Address) 238 N. Eutaw

20. FILED ... Registrar.

JAN 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-25-1933 to 1-27-1933

I last saw her alive on 1-27-1933 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (malignant)	1932

Other contributory causes of importance:

Name of operation Right Cranio Tomy Date of 1-27-33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul A. Kimball M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

87123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Leary St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas Peterson

(a) Residence: No. Humphreys Ct. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write which) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE 60 Years 59 Months Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jas Peterson

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Josie Spriggs

(Address) 610 N. Leary St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 31 1933

19. UNDERTAKER Thos. F. Kelly

(Address) 1001 Edmondson Ave

FILED Jan 31 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leith Ernst Coroner M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87124 F 87124

CERTIFICATE OF DEATH

v 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 W. North Ave St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Rose Smith.

(a) Residence: No. 1812 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Smith

7. DATE OF BIRTH (month, day, year) Apr. 7 - 1846

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
86	8 9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Isaac B. Rose

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Annie E. Briggs

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Dr. C. R. Smith

(Address) 1812 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Port Jefferson N.Y. Date Jan 31, 33

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pine Sts.

20. FILED Jan 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th. 1933 to Jan. 30th. 1933

I last saw h.. alive on Jan 29th. 1933 Death is said to have occurred on the date stated above, at 3.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/20/33
Chr. Valvular Heart Disease	1920

Other contributory causes of importance:

Chr. Interstitial Nephritis	1925

Name of operation None Date of —

What test confirmed diagnosis? Typical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. B. 1348-9

E 87125

E 87125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No. Baltimore, Md St. 16-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Deane

(a) Residence: No. 3109 Presbury St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-8-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	56	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bond Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rare Bond Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 06

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frank Deane

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Patterson Foods

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date Feb. 1 19 33

19. UNDERTAKER Wm Fletcher Sons Funeral Home

(Address)

20. FILED 19 Registrar.

JAN 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-33

22. I HEREBY CERTIFY, That I attended deceased from 1-27 19 33 to 1-29 19 33

I last saw him alive on 1-29 19 33 Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	?
Coronary type of	
Cerebral	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-30-33 (Signed) Elmer Ashbury M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-0

87126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 87126

CERTIFICATE OF DEATH

V 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3462 Park Heights Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Alexander Pollitt

(a) Residence: No. 3462 Park Heights Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Virginia Pollitt

6. DATE OF BIRTH (month, day, year) Sept 29 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Henry Pollitt

14. BIRTHPLACE (city or town) (State or country) Harrisburg Md.

MOTHER

15. MAIDEN NAME Ann Matilda Pollitt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Nora V Pollitt

(Address) 3462 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 31 1933

19. UNDERTAKER Frank Ingersoll Sons

(Address) North Avenue

20. FILED ..... 19..... ..... Registrar.

JAN 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1931 to Jan 28 1933

I last saw him alive on Jan 28 1933 Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	1931
Other contributory causes of importance:	
Rupture of Sinus of Valsalva	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D Pollitt M. D.

(Address) 3462 Sycamore Ave

87127 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87127

CERTIFICATE OF DEATH

23 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N.Gilmor St. ST., 19-01 WARD)

2-FULL NAME Mack Butler.(C)

(a) RESIDENCE NO 106 N.Gilmor St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. --- mos. --- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) November 18, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	17	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia.

PARENTS

10 NAME OF FATHER Nephas Butler.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia.

12 MAIDEN NAME OF MOTHER Sally McCoy.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia.

14 Informant Nephas Butler.(C) father.
(Address) 106 N.Gilmor St.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Edw. M. Steinhardt, M. D. Coroner

1/30/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 31, 1933

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3221 Edmondson Ave

M. B. B. 1128

E 87128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 12-01 St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Block

(a) Residence: No. 2024 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Louis Block

6. DATE OF BIRTH (month, day, year) Jan 14th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Block

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosie Reft

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife - Mrs Louis Block

(Address) 2024 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Rosedale Cem Date 1-31 ....., 1933

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED ..... 19..... [illegible]

JAN 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1933, to Jan 30th, 1933

I last saw h alive on Jan 30th, 1933 Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	1931
Coronary Occlusion	1-30-33

Other contributory causes of importance:

Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Strong Jr. M. D.

(Address) Union Memorial Hosp

M. D. B. 1288-a

87129

E 87129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Carlins St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Rifkowitz

(a) Residence: No. 221 N. Carlins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Rifkowitz

6. DATE OF BIRTH (month, day, year) 12-20-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Julius Rifkowitz
(Address) 221 N. Carlins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cemetery Date 1-31-33. 19

19. UNDERTAKER Isaac Lewis & Co.
(Address) 1239 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1933. to Jan. 26, 1933.

I last saw h alive on Jan. 26, 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Jan. 1932
Other contributory causes of importance:	
Hemoplegia	Oct. 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. A. Nicholson, M. D.

(Address) 2230 Eutaw Pl.

E 87130

87130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 Mc Kewin Ave. 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cumie M. Arnett

(a) Residence: No. ~~749 Mc Kewin Ave~~ 1105 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles R. Arnett

6. DATE OF BIRTH (month, day, year) Aug 26, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~none~~ At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucida Kittle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Daughter) Mrs Viola Coleman

(Address) 749 Mc Kewin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 1, 1933

19. UNDERTAKER HENRY SANDER & SON INC. Geo. F. Sander

(Address) Broadway & Baltimore Sts.

20. FILED ..... By ..... Registrar

FEB 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 29, 1933

I last saw him alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	several years ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) N. Wright M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B. 1938-9

87131

E 87131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 E. 25th St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Christine Rauh

(a) Residence: No. 332 E. 25th. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Rauh

7. DATE OF BIRTH (month, day, year) Mar. 20, 1856

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

13. NAME

14. BIRTHPLACE (city or town) Henry Kurtz
(State or country) Germany

15. MAIDEN NAME Catherine Seifert

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Mr. William Rauh (Son)
(Address) 332 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Date Feb. 2 1933

19. UNDERTAKER HENRY SAUER & SONS, INC.
(Address) Broadway & Biddle Sts.

FILED JAN 31 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to Jan 30 1933

I last saw her alive on Jan 30 1933. Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis, Gallbladder	2-32

Other contributory causes of importance:

None other

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Long M. D.

(Address) 271 Eastern Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87132

87132

CERTIFICATE OF DEATH

95-002

REGISTERED NO. 20-01

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Martin's Church (ST.) Fulton Ave. & Fayette St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Thorpe.

(a) RESIDENCE NO 2109 Hollins St. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 78 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Mary T. Thorpe

6 DATE OF BIRTH (month, day, and year) November 1, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Stone mason.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Thorpe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mary T. Thorpe. (wife)
(Address) 2109 Hollins St.

15 Filed Jan. 31, 1933 Huntington Nuttall, Registrar

311933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Arterio sclerosis.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2109 Hollins St.
Date of January 29, 1933
Did an operation precede death? No.
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Ellis A. Reinhardt, M. D. Coroner
1/30/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL George A. Gordon

DATE OF BURIAL Feb 1 1933

20 UNDERTAKER George A. Farley

ADDRESS Fulton & Fayette Ave

Spec.—12-9-25—A Co.—200 Bks.

Thalheimer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87133

E 87133

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the P. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E Thalheimer

(a) RESIDENCE NO. Little Sisters of the Poor-1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Thalheimer

6 DATE OF BIRTH (month, day, and year): 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	79	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Joseph Gang.

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Hecht

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Sister Stanislaus, Supr. (Address) 1200-Valley st. Balt. Md.

15 Filed ... 19 ... Registrar

3 1 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1933, to Jan 29th, 1933, that I last saw h[illegible] alive on Jan 27th, 1933, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physical

What test confirmed diagnosis?

(Signed) [signature], M. D.

1/31, 1933 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Feb 1. 1933

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 9 Eastern Ave

Form — 6-0-13—H. P. Co.—1000 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37134

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....

87134

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1,015 Russell ST.. 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M. Spellerberg.

(a) RESIDENCE NO..... 1015 Russell ST.. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 24th 1880

7 AGE: Years 52 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales Lady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John A. Spellerberg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Margaret Rehker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant (Address) Miss Carrie F. Spellerberg 1015 Russell St

15 Filed JAN 31 1933

19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932. to Jan. 29, 1933.

that I last saw her alive on Jan. 28, 1933.

and that death occurred, on the date stated above, at 10.20 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A. Evans M. D.

1/31, 1933 (Address) 1901 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Feb 1st 1933

20 UNDERTAKER: E. Schloman & Son

ADDRESS 1639 Eastern Ave

M. D. B. 1966-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87135

CERTIFICATE OF DEATH

131

E 87135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 Linden Ave. St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Ina Koehler

(a) Residence: No. 153 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Conrad Koehler

6. DATE OF BIRTH (month, day, year): June 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 0 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto - Md.

FATHER

13. NAME: Adam Dietzel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Kemmerer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas F. Koehler

(Address) 153 Linden Ave St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 2/1/33

19. UNDERTAKER: J B Kipplet

(Address) 900 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to Jan 28 1933

I last saw h.. alive on Jan 28 1933 Death is said to have occurred on the date stated above, at 8¼ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	7
arteriosclerosis	2

Other contributory causes of importance:

Senile Asthenia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

1/30/33 (Signed) Wells Hemmeter M. D.

(Address) 2000 Eutaw Pl

M. D. B. 1268-9

E 87136 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87136

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 N. Pratt St. 20-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estellia E. Galliore

(a) Residence: No. 2116 N. Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 7-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
/	5	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edwin F. Galliere

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Nancy Buckheimer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elmer Galliere
(Address) 2116 N. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 1/31/ 1933

19. UNDERTAKER F. B. Hepke & Sons
(Address) 1300 Eutaw Place

Hamilton Avenue

20. FILED JAN 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 28, 1933. I last saw h.. alive on Jan 28, 1933. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 25 '33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Charles A. Ary M. D.

(Address) 537 Hollins Ave Catonsville

M. D. B. 1268-3

87137

E 87137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

CITY OF BALTIMORE: (No. Baltimore Md. St 1601 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Bartley

(a) Residence: No. 1413 Parrish St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva ? 1871

6. DATE OF BIRTH (month, day, year) 4/21/?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61yrs	+11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Raleigh, N. C.

FATHER

13. NAME Joseph Bartley

14. BIRTHPLACE (city or town) (State or country) Raleigh, N. C.

MOTHER

15. MAIDEN NAME Nennie Goldson

16. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

17. INFORMANT Friend Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/31 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1202 Pressman St

20. FILED 1/31/1933 Harrington White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-33

22. I HEREBY CERTIFY, That I attended deceased from 10-20-32, to 1-28-33

I last saw h alive on 1-28-33 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	10-5-32
Other contributory causes of importance: acute Myocardial Insufficiency	1-28-33

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-28-33 (Signed) Elmer Hughes Jr. M. D.

(Address) Balto City Hospitals

E 87138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87138

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. Broadway St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M. Gearley

(a) Residence: No. 1823 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Gearley

6. DATE OF BIRTH (month, day, year) July 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jean Louis Augustus Gray

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie Mary Sweeney

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

17. INFORMANT James E. Gearley
(Address) 1823 N Broadway

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date Feb 1 1933

19. UNDERTAKER Wm. G. Black
(Address) 742 W. North ave

FILED 31 1933 19... for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/1933.

22. I HEREBY CERTIFY, That I attended deceased from 9/30/32, 19..., to 1/29/1933, I last saw her alive on 1/29/1933 death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/29/33

Other contributory causes of importance:

General arteriosclerosis	9/30/32
Hypertension	9/30/32

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George A. Dawden M. D.
(Address) 1567 E. North Ave.

M. D. B. 1268-9

87139

HEALTH DEPARTMENT—CITY OF BALTIMORE 87139

CERTIFICATE OF DEATH

V11-001

Registered No. 87139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 E Pratt St. 53-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Jones

(a) Residence: No. 1500 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jones

6. DATE OF BIRTH (month, day, year) Oct 1 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 5 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Jones

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Florence Jones
(Address) 1500 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL Feb. 2 1933
Place Asbury Cem

19. UNDERTAKER Windel J. Diffel
(Address) 3002 Elm Ave.

20. FILED JAN 31 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Jan 29 1933

I last saw h[illegible] alive on Jan 28 1933 Death is said to have occurred on the date stated above, at 3:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 27/33

Other contributory causes of importance:

La Grippe	Dec/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Richard V. Faulkner M. D.

(Address) 511 E. Baltimore Baltimore Md

E 87140

M. D. B. 1268-9

E 87140 HEALTH DEPARTMENT—CITY OF BALTIMORE

52

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 Hunterick St. 26-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Lahmidt

(a) Residence: No. 343 Hunterick St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Lahmidt

6. DATE OF BIRTH (month, day, year) March 12. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	2 10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Adam Lunk Lahmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Lahmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth McAlister

(Address) 343 E. Hunterick St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Memorial Date Feb. 3 1933

19. UNDERTAKER Wendell & Sherrard

(Address) 300 N. Eden St.

20. FILED FEB 1 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1932 to Jan 30th 1933

I last saw her alive on Jan 30th 1933. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Nose	

Other contributory causes of importance:

Chronic Nephritis.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Adam Tod M. D.

(Address) 4616 Eastern Ave

M. D. B. 1268-9

87141 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87141

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 N. Washington St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Hudson

(a) Residence: No. 1540 N. Washington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hudson

6. DATE OF BIRTH (month, day, year) Dec. 26 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 62	1.	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Phillips Schmidt

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaretta Welch

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Emma Pitzel

(Address) 2313 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 31. 1933

19. UNDERTAKER Randall Lobinger

(Address) 200 E. Eden St.

20. FILED ..... 19..... Registrar.

JAN 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24. 1933 to Jan 27. 1933

I last saw he alive on Jan 27. 1933. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Bronchial Pneumonia

Bronchial Asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Martin G. Lynch M. D.

(Address) 1547 Eutaw Pl.

Spec.—1-30—M. & T.—250 Blks

E 87142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87142

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5414 Belair Rd. (WARD) 37-A

2-FULL NAME Elizabeth T. Sherman

(a) RESIDENCE NO. 5414 Belair Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of August D. Sherman

DATE OF BIRTH (month, day, and year) July 3-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER James Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant August D. Sherman

(Address)

Jan 31 1933 19 Huntington, Wallace Nee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30-1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Jan 30, 1933, that I last saw h 4 alive on Jan 30, 1933, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteris-sclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coma & Paralysis

(Signed) Millard Trumbull, M. D.

, 19 (Address) 5501 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Feb 1 1933
20 UNDERTAKER Leonard J Rush	ADDRESS 5305 Harford Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87143

E 87143

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Lifeboune St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen A Costello

(a) Residence: No. 4347 Bank Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 28-1880

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52.	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Patrick Costello

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Feb 1st. 1933

19. UNDERTAKER Chas. P. Graul & Son
(Address) 111 W. Mt. Royal Ave

20. FILED 19 JAN 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/23 1933 to 1/29 1933

I last saw h.. alive on 1/29 1933 Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 days
Other contributory causes of importance: Pulmonary Tuberculosis	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hyashman M. D.

(Address) Mercy Hospital

M. D. B. 1265-9

87144

HEALTH DEPARTMENT—CITY OF BALTIMORE

87144

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Mc.Eldery St St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 56 mos. ..... ds. How long in U. S. If of foreign birth? 56 yrs. ..... mos. ..... ds.

2. FULL NAME Frank J.Stoney

(a) Residence: No. 2420 Mc.Eldery St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T.Stoney

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 609

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Stoney

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary T.Stoney

(Address) 2420 Mc.Eldery St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb.1/33

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

20. Filed FEB 1 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.29/33 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Jan 29 1933

I last saw him alive on Jan 29 1933. Death is said to have occurred on the date stated above, at 2A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	
asthenia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Novak M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

E 87145

HEALTH DEPARTMENT—CITY OF BALTIMORE

87145

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 E. Madison St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 44 yrs. ..... mos. ..... ds.

2. FULL NAME James Wenceslaus Valis

(a) Residence: No. 3210 E. Madison St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Valis

6. DATE OF BIRTH (month, day, year) Sept. 16, 1888.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Martin Valis

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Rosalie Unarova

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Valis

(Address) 2310 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 1/33

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

20. FILED Jan 31 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - D 19 ..... to Jan 29 - D 19 .....

I last saw him alive on Jan 29 - D 19 ..... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myel. Tuberculosis (Fulminating)	1 wk

Other contributory causes of importance:

Acute Cardiac Dilatation	day

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fabian Rheyaberg M. D.

Address 1000 Cathedral St

M. D. B. 1268-9

E 87146 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87146

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Homewood St., 9-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward C. Maggagan

(a) Residence: No. 1917 Homewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Theresa Maggagan

6b. DATE OF BIRTH (month, day, year): November

7. AGE — Years: 51 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 066

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: James Maggagan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Lidy Erwin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Theresa Maggagan
(Address): 1917 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Rood Cemet Date Feb 3 1933

19. UNDERTAKER: Frank Bradshaw
(Address): 1906 Orleans Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to Jan 30 1933

I last saw h alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 23/933
Other contributory causes of importance:	
Cerebral Embolism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) John Latsch M. D.

(Address) 936 E Monument St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87147

CERTIFICATE OF DEATH

124E 87147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Calvert St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Noble Pennington

(a) Residence: No. 906 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie Stewart Pennington

6. DATE OF BIRTH (month, day, year) November 5, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Official 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

FATHER

13. NAME Andrew J. Pennington

14. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

MOTHER

15. MAIDEN NAME Jennie Rice

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT Miss Nancy W. Pennington
(Address) 1207 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 1 1933

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED 1933 A. Roger Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to Jan. 30, 1933

I last saw him alive on Jan. 30, 1933. Death is said to have occurred on the date stated above, at 7.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver with ascites	1930
Other contributory causes of importance: Chronic alcoholism	many years

Name of operation abdominal paracentesis Date of 4 times this year

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Tilden Howard M. D.
(Address) 12 E. Eager St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87148

CERTIFICATE OF DEATH

87 E 87148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Harlem Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Virginia Cummings

(a) Residence: No. 2329 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Cummings, Sr.

6. DATE OF BIRTH (month, day, year) January 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	-	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joshua Conner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Miss Martin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. James J. Cummings
(Address) 2329 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 1 , 33

19. UNDERTAKER Joseph R. Cook
(Address) 1003 W. Baltimore St.

20. FILED Feb 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 , 1933 to Jan. 29 , 1933
I last saw her alive on Jan. 28 , 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 17 '33
Hypostatic Pneumonia	Jan 23 '33

Other contributory causes of importance:

Arterial Hypertension
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George H. Liebert , M. D.
(Address) 432 S. Patterson Park Ave.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87149

CERTIFICATE OF DEATH

E 87143

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 S Conkling St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Drews

(a) Residence: No. 740 S Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Christian Drews

6. DATE OF BIRTH (month, day, year): June 14-1871

7. AGE: Years 61, Months 7, Days 16, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Prussia

FATHER

13. NAME: Dont know

14. BIRTHPLACE (city or town) (State or country): W. Prussia

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): W Prussia

17. INFORMANT: Christian Drews
(Address) 740 S Conkling

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Hill Date: Feb 1 19 33

19. UNDERTAKER: John Welsh
(Address) 1008 Orleans St

Huntington Williams, Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932, to Jan 30, 1933.

I last saw h[illegible] alive on January 29, 1933. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1920

Other contributory causes of importance:

Pernicious Anemia	1926
Myocarditis	1932

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: —

Manner of injury: —

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) C. W. Bekendorf M. D.

(Address) 207 Orleans St

M. D. B. 1268-9

87150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87150

CERTIFICATE OF DEATH

82-007

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610-Homestead Street St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur L. Wollschlager

(a) Residence: No. 610-Homestead Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. (Schleigh)

7. DATE OF BIRTH (month, day, year) 7/12/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or XXXXX
	58	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Wollschlager

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Louise (Campbell)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Margaret Wollschlager

(Address) 610-Homestead Street

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 2/1/33 19

19. UNDERTAKER George J. Pentz & Son

(Address) 1735 Harford Ave

FILED JAN 31 1933 Huntington Hall, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h. alive on ..... 19 .. Death is said to have occurred on the date stated above, at ..... m.

The prinripal rause of death and related causes of importance were as follows:

Probably Apoplexy — Date of onset

Other contributory causes of impoitance:

History of hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external rauses (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. Haiman M. D.

Coroner

(Address) 608 E. Fayette Ave

M. D. B. 1208-9

151

HEALTH DEPARTMENT—CITY OF BALTIMORE 87151

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1753-Carswell Street St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Van Valzah

(a) Residence: No. 1753-Carswell Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Belle (Swenk)

6. DATE OF BIRTH (month, day, year) 3/5/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Dr. Robert Van Valzah

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Margaret Sparks

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. May Belle Van Valzah

(Address) 1753-Carswell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Phila. Pa. Date 2/2/33. 19

19. UNDERTAKER George J. Roth Son

(Address) 1733 Fairmount Ave

20. FILED 19 Registrar.

FEB 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1932 to Jan 30th 1933

I last saw h[illegible] alive on Jan 30th 1933. Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarction	Jan 27 '33
Myocardial Insufficiency	Dec 1932

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Chatard M. D.

(Address) 1300 N Calvert St.

Spec.—1-30—M. & T.—250 Blks

E 87152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87152

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Paregory ST. 27-01 WARD)

2-FULL NAME Baby ~~Johnson~~ Proctor

(a) RESIDENCE NO. 813 Paregory ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	S.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 29. 33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Lisgly Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Beulah Proctor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

Informant Beulah Proctor

(Address) 813 Paregory

Filed JAN 30 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29. 33

17

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1933, to Jan. 29, 1933,

that I last saw h[illegible] alive on Jan 29, 1933,

and that death occurred, on the date stated above, at 11:25 A.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observed by Family

(Signed) Wm. H. Lloyd Burns, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. H. Med College

DATE OF BURIAL Jan 31 1933

20 UNDERTAKER W. E.

ADDRESS

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87153

E 87153

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST. 26-01 WARD)

2-FULL NAME Joseph B Zinkand

(a) RESIDENCE NO 4505 Hamlet ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	Singl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 24/1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk odd
(b) General nature of industry, business, or establishment in which employed (or employer) Superviser of Elections
(c) Name of employer

9 BIRTHPLACE (city or town) Hamilton
(State or country) Ohio

PARENTS

10 NAME OF FATHER John Zinkand

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Anna Zinck
(Address) 2906 Overland ave

15 Filed JAN 31 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) James M Fenton Coroner, M. D.

1/31, 1933 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2-3 1933

20 UNDERTAKER Leonard J Rusch

ADDRESS 5803 Harford

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87154 Fed

CERTIFICATE OF DEATH

23 E 87154

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 17-W Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John T. R. Smith

(a) Residence: No. 451 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wallace Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mardie Curan

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cem Date 2/1 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 578 N. Bridge St.

Huntington West Virginia

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933 to Jan 29, 1933

I last saw him alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc, Meningitis	12-31-32

Other contributory causes of importance:

Mediastinal tuberculosis	?

Name of operation — Date of

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Asa E. Kuttner, M. D.

(Address) Johns Hopkins

1-30—M. & T.—100 B—50L

87155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87155

194-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3041 Frederick Ave. ST. 15-01 (WARD)

2-FULL NAME John Thompson.

(a) RESIDENCE NO 3625 Springdale Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---- ds. How long in U. S., if of foreign birth? 35 yrs. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of [redacted] Mabel E. Thompson.

6 DATE OF BIRTH (month, day, and year) December 12, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: District Manager.
(b) General nature of industry, business, or establishment in which employed (or employer): Simmons Co. 009
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER William Thompson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mabel A. Thompson. (wife)

(Address) Hotel Rennert. Huntington Williams, N.J.

15 Filed ..... 192 ..... Registrar

11933 A. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Obstruction of Trachea by piece of beef. Accidental strangulation.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) [redacted], M. D. Coroner

1/31/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 2/1 19 33

20 UNDERTAKER Stewart & Mowen Co.

ADDRESS 108 W Mt Vernon

M. D. B. 1268-9

E 87156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 87156

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Freemont St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Giuseppi A. Anello

(a) Residence: No. 2610 Freemont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Saverio Pilo

6. DATE OF BIRTH (month, day, year) May 10 1879 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53 yrs 7 2		8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giuseppi A. Anello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME A Denissa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angelina Anello

(Address) 2610 Freemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 1 1933

19. UNDERTAKER Mary M. Medefind

(Address) 5 E. 23rd St. Huntington, W. Va.

20. FILED 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1933

22. I HEREBY CERTIFY, That I attended deceased from December 20 1932 to Jan 29 1933

I last saw h.. alive on Jan 28 1933 Death is said to have occurred on the date stated above, 4.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	about 2 yrs

Other contributory causes of importance:

Heart failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Reginald D. Tonry M. D.

(Address) 414 S. North Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87157

CERTIFICATE OF DEATH

108 E 87157

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 W Lanvale (St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Cole

(a) Residence: No. 609 W Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Sing

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 17-1932

AGE: Years | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Vernon Cole

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lorretta Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Loretta Cole

(Address) 609 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb. 1, 1933

19. UNDERTAKER Mrs Geo. H. Holland

(Address) 1631 Pennsylvania Ave

Huntington Wellington, W. Va.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leuck Coroner, M. D.

(Address) 609 W Lanvale

Spec.—2-29-28—L. F. S.—500 llka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87158

E 87158

CERTIFICATE OF DEATH

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospt ST. 18-01 WARD)

2—FULL NAME Howes Edward Ewell

(a) RESIDENCE NO. 900 W Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Widower

3 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Ewell

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Howes Ewell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Leah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Clarence Ewell

(Address) 900 W Franklin St

Filed 1 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Jan 28, 1933,

that I last saw h/M alive on Jan 28, 1933

and that death occurred, on the date stated above, at 11 PM m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-Vascular Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) George McDonald, M. D.

19 (Address) 900 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb 1 1933

20 UNDERTAKER Geo H. Holland

ADDRESS 1631 Druid Hill Ave

M. D. R. 1268-9

87159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87159

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Taylor Ave 46-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Jefferson

(a) Residence: No. 150 N. Linwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Robt. W. Jefferson

6. DATE OF BIRTH (month, day, year) July 28th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Monie Md.

MOTHER FATHER

13. NAME Levin White

14. BIRTHPLACE (city or town) (State or country) Monie Md

15. MAIDEN NAME Eliza A. White

16. BIRTHPLACE (city or town) (State or country) Monie Md

17. INFORMANT Mary E. Wiechert

(Address) 3209 Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 3rd 1933

19. UNDERTAKER John Cook

(Address) 1217 St. Paul St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1928 to Jan 31 1933

I last saw her alive on Jan 31 1933 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unk
Myocarditis	Dec 1928

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Artigiani M. D.

(Address) 2942 Fayette St.

M. D. B. 1268-9

87160

HEALTH DEPARTMENT—CITY OF BALTIMORE

87160

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH St. Joseph's Hosp. 9-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Hannah Crawl

(a) Residence: No. 1531 Abbotston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Walter Crawl

6. DATE OF BIRTH (month, day, year) Dec 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER FATHER

13. NAME John Key

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Elizabeth Stansbury

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Walter Crawl

(Address) 1531 Abbotston St

18. BURIAL, CREMATION, OR REMOVAL

Place Highland Harford Co Md Date Feb 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1933, to Jan. 31, 1933

I last saw her alive on Jan. 31, 1933. Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of the Right Breast with Jugular and Metastasis (abdominal) Pleurisy	?
Other contributory causes of importance: Terminal Bronchio-pneumonia	1/27/33

Name of operation Exploratory Operation Date of 1-22-33

What test confirmed diagnosis? A Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Greenfield M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87161

CERTIFICATE OF DEATH

23E 87161

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 18-01 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank R. Beefelt

(a) Residence: No. 1122 W. Pratt st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Beefelt

7. DATE OF BIRTH (month, day, year) [illegible] 15 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Edward Beefelt

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Rose Schankel

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 2-1-33, 19...

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 6 1931 to January 30 1933

I last saw him alive on January 30, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1927
Spontaneous pneumothorax	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. L. Tovell, M.D. M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87162

CERTIFICATE OF DEATH

9 E 87162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N Washington St., 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign Birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gloria Simon

(a) Residence: No. 135 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) July 6 1931

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Auther Simon

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Lillian Gardner

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mother

(Address) 135 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 1 1933

19. UNDERTAKER Marlin & Deford Inc

(Address) 2 S Carrollton Ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1933 to Jan 31, 33

I last saw h... alive on Jan 30, 1933. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Jan
Other contributory causes of importance:	
Bronchopneumonia	3 days
	0

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1 31 33 Lot 4 Dr 42 1

87163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87163

V 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 1-01 Ward)

Length of residence in city or town where death occurred About 56 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Miss Katherine J. Donellan

(a) Residence: No. 922 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) ----------

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 56	---	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Calvert Business College

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James P. Donellan

14. BIRTHPLACE (city or town) -------
(State or country) Ireland

15. MAIDEN NAME Catherine Hanrahan

16. BIRTHPLACE (city or town) -------
(State or country) Ireland

17. INFORMANT Mr. James Donellan
(Address) 1613 Harvard St., Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/2 1933

19. UNDERTAKER Henry U. Myers & Son
(Address) 500 N. Calvert St.

FILED 2-1-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/28, 1933, to 1/31, 1933

I last saw h[illegible] alive on 1/31, 1933 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	
Arterial Hypertension	
Other contributory causes of importance:	
Chronic Nephritis.	
Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Aloha H. Crutcher, M. D.

(Address) Bon Secours Hosp.

1-30 M. 100M-50L

E 87164

E 87164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital. ST. 19-01 WARD)

2-FULL NAME Pauline E. Davis.

(a) RESIDENCE NO 203 S. Monroe St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (write) WIFE of Bernard Davis.

6 DATE OF BIRTH (month, day, and year) November 18, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. C37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laurel, Md.

PARENTS

10 NAME OF FATHER David E Johnson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel, Md.

12 MAIDEN NAME OF MOTHER Leatha Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel, Md.

14 Informant Leatha Johnson. (mother)
(Address) 203 S. Monroe St.

15 Filed 1-1933 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) January 29, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis
Due to self induced Abortion.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 202 S. Monroe St. January 24, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Alex Hubbard X, M. D. Coroner

1/30/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md.

DATE OF BURIAL 2/2 1933

UNDERTAKER Harry H Witzke

ADDRESS Near Edmonds

E 87165

D. E 87165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Haverhill Rd St. 25-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia C. Mielke Violetville

(a) Residence: No. 1106 Haverhill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Mielke

6. DATE OF BIRTH (month, day, year) May 18, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Me.

FATHER

13. NAME Carl Schaake

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles J. Mielke

(Address) 1107 Haverhill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb 2 19 33

19. UNDERTAKER Harry A. Mielke

(Address) 1101 S. Monastery Ave

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1932 to Jan 30 1933

I last saw her alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 1.09 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebroma of stomach	2 yrs
Other contributory causes of importance:	
Cardiac decompensation	5 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. Kuyrkendall M. D.

(Address) 3321 Frederick Ave

M. D. B. 1268-9

7166

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87166

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 13-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Martin

(a) Residence: No. 3511 Hickory Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Paul Martin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Helen Shaffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Helen Martin

(Address) 3511 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Feb 2 1933

19. UNDERTAKER Walter Young

(Address) 3400 Pennsylvania Ave

Huntington Station, Md.

20. FILED Feb 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to Jan 31, 1933

I last saw him alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 2.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 23 33
Pulmonary Edema	Jan 31 33

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital Balto. Md.

M. D. B. 1268-9

87167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87167

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 861 Greenmount Ave St., 10-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Ellen R. Wright

(a) Residence: No. 861 Greenmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Wright

DATE OF BIRTH (month, day, year) July 14/1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
67	66	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Dennis

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT John R. Ward
(Address) 861 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL
Place Bethesda Cem Date 1/3/33

UNDERTAKER Elmer V. Conkle
(Address) 924 E. Eager St.

FILED JAN 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Cerebral Paresis	? yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Williams M. D.
Coroner

(Address) 908 E. Lanvale

M. D. B. 1938

87168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87168

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 165 N. Bailey St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Landrum H. Deets

(a) Residence: No. 165 N. Bailey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Emma V. Deets

6. DATE OF BIRTH (month, day, year) Mar 15--60

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Off

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sager Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Geo. W. Deets

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Krebs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma V. Deets

(Address) 165 N. Bailey St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/3/33

19. UNDERTAKER Philip Herrigel

(Address) 2611 Eutaw St

20. FILED 1-31-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from January 3 1932 to January 31 1933

I last saw h[illegible] alive on January 31 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	Unknown
Myocarditis	Unknown
Hemiplegia	Unknown
Other contributory causes of importance: Acute Myocarditis	1½ hrs

Name of operation None Date of —

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Antigiani M. D.

(Address) 2942 E. Fayette St.

M. D. B. 1268-8

E 87169

E 87169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 1-21 St., Ward)

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Michalkiewicz

(a) Residence: No. 519 S Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Julian Michalkiewicz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Eva Patro

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Eva Michalkiewicz

(Address) 519 S Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 1, 1933

19. UNDERTAKER Wozniak

(Address) 1920 Eastern Ave

20. FILED Feb 1 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933 to Jan 31, 1933

I last saw him alive on Jan 31, 1933 Death is said to have occurred on the date stated above, at 12½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	12/10/32

Other contributory causes of importance:

Acute Nephritis	1/15/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I Peter Muranski M. D.

(Address) Sydenham Hospital

7170 [illegible]

E 87170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Parrish St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Robinson

(a) Residence: No. 506 N. Parrish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) April 25 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King Queen Co Va

MOTHER FATHER

13. NAME Harvey Green

14. BIRTHPLACE (city or town) (State or country) King Queen Co Va

15. MAIDEN NAME Roddell Gardiner

16. BIRTHPLACE (city or town) (State or country) King Queen Co Va

17. INFORMANT Mildred Moore
(Address) Phila Penna.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Cem Date February 1st 1933

19. UNDERTAKER Joseph A. Lovely
(Address) 4629 N. Mount Street

FILED ..... 19..... [illegible]

JAN 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1933 to Jan. 28 1933

I last saw her alive on Jan. 28 1933 Death is said to have occurred on the date stated above, at 7.a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 24, 33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) E. N. Rigsby M. D.

(Address) 1536 W. Lafayette St.

M. D. B. 1268-9

E 87171

7171 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Falls

(a) Residence: No. 707 Longshire St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of: Single

DATE OF BIRTH (month, day, year): August 15, 1921

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lexington N.C.

13. NAME OF FATHER: Isca Crere

14. BIRTHPLACE (city or town) (State or country): Lexington N.C.

15. MAIDEN NAME OF MOTHER: Pearl Falls

16. BIRTHPLACE (city or town) (State or country): Lexington N.C.

17. INFORMANT: Pearl Falls

(Address) 707 Longshire Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date February 2, 1933

19. UNDERTAKER: Joseph A. Lively

(Address) 1491 Mount St

FILED 1933 Lexington N.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1932 to Jan. 28, 1933

I last saw h[illegible] alive on Jan 28, 1933 Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	9-24-32
Appendicial abscess & peritonitis	9-27-32
Subphrenic abscess - rt.	10-17-32
Septicemia	11-32
Lung abscess - left	1-16-33

Other contributory causes of importance:

9-28-32 ; 10-18-32;

11-21-32 ; 1-18-33.

Name of operation: Drainage Date of

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Duer Moores, M. D.

(Address) University Hospital

H. D. B. 1268-9

87172

HEALTH DEPARTMENT—CITY OF BALTIMORE

87172 E

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Bayard St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Lehn

(a) Residence: No. 1109 Bayard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sallie V. Lehn

DATE OF BIRTH (month, day, year) Feb. 4. 1856

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Peter Lehn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Sallie V. Lehn

(Address) 1109 Bayard St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 2 1933

UNDERTAKER Mr. & Mrs. John H. Teufel & Son

(Address) 801 W. Fayette St.

FILED 2-1-1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932 to Jan 30, 1933

I last saw h... alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 12-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis & arterio sclerosis	7-25-32

Other contributory causes of importance:

Hemoptysis. 2 days	
Left side paralysis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Shelton M. D.

(Address) 1439 Edmondson Ave

E 87173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87173

CERTIFICATE OF DEATH

93-004

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Pres. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Gill

(a) Residence: No. 2628 Pres. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora V. Gill

DATE OF BIRTH (month, day, year) Feb. 23-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Stoker. General Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm. Gill

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cordelia

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Dora V. Gill

(Address) 2628 Pres. St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 3 1933

UNDERTAKER Mathias Gruel & Sons

(Address) 1111 W. Baltimore St.

DATE Feb 1 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to Jan 31 1933

I last saw him alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Insufficiency	1-21-33

Other contributory causes of importance:

High blood pressure
Arteriosclerosis
& Nephritis

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernst Zimmerman M. D.

1/31-33 (Address) 2858 Harford Rd

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90 59 87174

CERTIFICATE OF DEATH

23 E 87174

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Sherman

(a) Residence: No. 3414 Noble St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-29-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6 18		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lawrence Sherman

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Alice Coon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb 2, 1933

19. UNDERTAKER George W. Sirkley
(Address) 1737 E. Eager St.

RECEIVED FEB 1 - 1933 Registered N. 57

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933 to Jan 29, 1933

I last saw him alive on Jan 29, 1933 Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Tuberculous Meningitis	1-25-33
Other contributory causes of importance:	
Mediastinal & Pulmonary tuberculosis	3

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Mulcahy M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87175

87175

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S. Decker ave St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Kahlert

(a) Residence: No. 619 S. Decker ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Adolph Kahlert

6. DATE OF BIRTH (month, day, year) July 7-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Ky.

MOTHER'S MAIDEN NAME

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John Kahlert

(Address) 619 S. Decker ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel cem. Date Feb 1 1933

19. UNDERTAKER George W Finkler

(Address) 1737 E. Eager st.

20. FILED FEB 1 - 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/4/37, 19..., to 1/29/33, 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Thrombosis	4 Days
Broncho-Pneumonia	1 week

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harold Fisher, M. D.

(Address) 21 S Paca st

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87176

CERTIFICATE OF DEATH

E 87176

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Jefferson St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth C. Norris

(a) Residence: No. 2507 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Norris

6. DATE OF BIRTH (month, day, year) May 25-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Wm. Stevens

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

15. MAIDEN NAME Mary Hatchenson

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Herbert Norris

(Address) 2507 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Feb 2 1933

19. UNDERTAKER George W. Pinkler

(Address) 1737 E. Baltimore St.

20. FILED FEB 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Jan 30 1933

I last saw her alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 11.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senilis	
Organic Heart Disease	
Acute Bronchitis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Kurtz Finlayson M. D.

(Address) 2936 Eutaw St.

M. D. R. 1268-0

87177

HEALTH DEPARTMENT—CITY OF BALTIMORE 87177

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 So. Carey St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Miller

(a) Residence: No. 1116 So Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Kunkler

6. DATE OF BIRTH (month, day, year) Jan 24 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 06 V

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME August Miller

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Mary Miller

(Address) 1116 So Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 1933

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30/ 1933

22. I HEREBY CERTIFY, That I attended deceased from January 3 1933 to January 31 1933

I last saw him alive on January 30 1933 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic nephritis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ~ Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Foley M. D.

(Address) 110 E North Ave

D. B. 1268-9

87178 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87178

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1108 N Mount St., 46-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvester L. White

(a) Residence: No. 1108 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of no

DATE OF BIRTH (month, day, year) 1909-1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Sylvester L. White

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Hilda Elizabeth Parks

16. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT Hilda E. White
(Address) 1108 N Mount

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Feb 1 1933

UNDERTAKER Thomas E. Kelson
(Address) 1013 Pressman st

FILED 1933 Feb 1 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Jan 30 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 Days

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Funk M. D.
Coroner

(Address) C.H.

M. D. B. 1268-9

87179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87179

CERTIFICATE OF DEATH

91-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital, Baltimore, Md St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fleet Coleman

(a) Residence: No. 2 Frederick St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 8, 1894

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
38 39	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation. —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Coleman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha Dates

16. BIRTHPLACE (city or town) (State or country) Red Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lilian Va Date 2/1, 1933

19. UNDERTAKER Thomas Nelson
(Address) 1303 Pressman St

FILED FEB 1 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1933 to 1-29, 1933

I last saw h alive on 1-29, 1933 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis bacterial	12-15-32

Other contributory causes of importance: Embolism of brain 1-29-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-31-33 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

87180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87180

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dan Dixon

(a) Residence: No. 503 N. Caroline St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of 1648

6. DATE OF BIRTH (month, day, year) 3/4 17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME Ben Dixon

14. BIRTHPLACE (city or town) Cambridge, Md
(State or country)

MOTHER

15. MAIDEN NAME Ellen Johnson

16. BIRTHPLACE (city or town) Cambridge Md
(State or country)

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Feb. 2nd 1933

19. UNDERTAKER Barrow Mamie L. Wright
(Address) 1218 Mc Elderry St

20. FILED 1933 Registrar, Md

~~It finished~~ Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1933 to 1-30 1933

I last saw him alive on 1-30 1933 Death is said to have occurred on the date stated above, at 5:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7-1-32

Other contributory causes of importance:

Bronchopneumonia	1-25-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

1-30-33 (Signed) Elmer Hamburger M. D.

(Address) Balto. City Hospitals

L. D. B. 1268-9

87181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87181

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 4-01 St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Samuel Taylor

(a) Residence: No. 2814 Simpson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Taylor

DATE OF BIRTH (month, day, year) May 6, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 51

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John H Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georgianna Jones

16. BIRTHPLACE (city or town) Montgomery Co. (State or country) Md.

17. INFORMANT Florence Taylor
(Address) 1504 W Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date Feb 1 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

20. FILED Feb 1 1933 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1933 to Jan 29 1933
I last saw h. l. alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 1.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1/26/33

Other contributory causes of importance:

Carcinoma of Urinary Bladder	Nov 32

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fred Lawrence M. D.
(Address) Provident Hospital

AACo. 5-31 250B

7182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87182

CERTIFICATE OF DEATH

87-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Schwartz St. 27th Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Florence Hansen

(a) Residence: No. 435 Schwartz St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stewart Hansen

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Robert Smith

14. BIRTHPLACE (city or town) Ga
(State or country)

15. MAIDEN NAME Martha Harris

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Jno. Geo. Hansen
(Address) 435 Schwartz

18. BURIAL, CREMATION, OR REMOVAL
Place Rt. Auburn Date Feb 3 1935

19. UNDERTAKER Geo. P. A. Gibson
(Address) 1730 Druid Hill Ave

20. FILED Feb 3 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/29, 1935, to 1/31, 1935

I last saw h[illegible] alive on 1/31 1935 death is said to have occurred on the date stated above, at 5-6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
& pneumonia	
[illegible]	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. Mayfield M. D.

(Address) 2139 Mendell

H. D. B. 1268-9

7183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87183

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20 1 S. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 11 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Robert Sealey

(a) Residence: No. 22 S Highway St, Dundalk, Balto Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov 2, 1932

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Leon Sealey

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Florence Blackburn

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Florence Sealey

(Address) 22 S Highway

BURIAL, CREMATION, OR REMOVAL

Place Gelan Pa Date Feby 2, 1933

UNDERTAKER John Ulrich & Co

(Address) 2108 Orleans

FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933 to Jan. 31, 1933

I last saw him alive on Jan. 31, 1933 Death is said to have occurred on the date stated above, at 10:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
?	
Malnutrition	
Bilateral otitis media	11/6/33
Broncho-pneumonia	1/29/33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) D. M°L. Currie, M. D.

(Address) University Hospital

A&Co. 5-31 250B

E 87184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87184

CERTIFICATE OF DEATH

97

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Pelham ave St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michel J Hilpert

(a) Residence: No. 2801 Pelham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND (or) WIFE Margaret L Hilpert

6. DATE OF BIRTH (month, day, year) Nov 7-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Alsace Lorraine France

13. NAME —

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Margaret Hilpert
(Address) 2801 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Feb 2 1933

19. UNDERTAKER Dietrich Bros
(Address) 1852 Pennsylvania ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17th, 1932 to Jan. 30th, 1933
I last saw him alive on Jan 30th, 1933 death is said to have occurred on the date stated above, at 10.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Jan 30th 33

Other contributory causes of importance:

Arterio Sclerosis	Unknown

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Ries, M. D.
(Address) 24 S. Broadway

Cor.—10-10-29—A Co.—100 Bks.

E 87185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87185

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2402 Francis St. St., 13-01 Ward)

2-FULL NAME Mary Scharpf.

(a) RESIDENCE NO. 2402 Francis St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth 35 yrs., mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Scharpf

6 DATE OF BIRTH (month, day, and year) August. 10 1884

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 039
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Christian Lang

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Maurer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant William Scharpf
(Address) 2402 Francis St

15 Filed 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Hommann M. D.

2/1, 1933 (Address) 3032 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 2 1933

20 UNDERTAKER Josiah Eyler ADDRESS North Ave

M. D. B. 1228-B

87186

HEALTH DEPARTMENT—CITY OF BALTIMORE

87186

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (Lifetime) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ira F Chester

(a) Residence: No. 1744 Harford Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	10	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ira F. Chester

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Lunetta Fox

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ira F. Chester

(Address) 1104 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 3 1933

19. UNDERTAKER Geo E Kane & Son

(Address) 1111 Park Ave

20. FILED Feb 3 1933 Huntington Williams Registrar

P. P. F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933 to Feb 1, 1933

I last saw h. alive on Feb 1, 1933 Death is said to have occurred on the date stated above, at 10 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Malnutrition	
Anemia	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennell M. D.

(Address) St Josephs Hosp.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87187 E 87187

CERTIFICATE OF DEATH

34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BOBBY. ROBINSON 1506 Fairmount Ave

(a) Residence: No. Johns Hopkins Hospital St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 6 / 33

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME Robert Walters 1307 Orleans St

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Bobby Robinson 1506 Fairmount Ave

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT .....

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Feb 1, 19 33

UNDERTAKER Johns Hopkins Hosp

(Address) Huntington Ottawa Co

FILED 1-1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933. to Jan 24 1933

I last saw him alive on Jan 24 19 33 Death is said to have occurred on the date stated above, at 3-25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/6/33
Congenital Syphilis	1/6/33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Wasserm Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) Joseph H. Jacobs M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

87188 E 87188

CERTIFICATE OF DEATH

Registered No. 161-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Florence Johnson

(a) Residence: No. 232 Sparrows Point Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/16/33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dorothy Everett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med College Date Feb 1st 1933

19. UNDERTAKER Commissioner Health
(Address)

20. FILED 1933 Huntington Pk Bur
0125 8 dft

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Jan 25 1933
I last saw her alive on Jan 25 1933. Death is said to have occurred on the date stated above, at 9 a m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic Disease heart	2
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Edw F. Miller M. D.

(Address) .....

M. D. B. 1269-0

87189 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87189

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Booker Holland

(a) Residence: No. 1324 Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/11/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Booker Holland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ida Holley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place U. Md Medical College Date Feb 1 1933

19. UNDERTAKER ..... Department of Health
(Address)

FILED 1933 Huntington Hollins

0121

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/22/33, 193- to 1/23, 1933

I last saw h.i.m. alive on 1/23, 1933. Death is said to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1/18
Exhaustion	1/20

Other contributory causes of importance:

Records

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Edw D Milan M. D.

(Address) .....

D. B. 1268-8

87190

HEALTH DEPARTMENT—CITY OF BALTIMORE

87190

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp 5-01 St., 75 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phyllis Grant

(a) Residence: No. 1445 E Monument St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml 4. Color or Race Col 5. Single, Married, Widowed or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Grant

6. DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35-34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Talbot

13. NAME Wm Grant

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Estie Focker

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Wm Grant

(Address) 1445 E Monument

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Littleton NC Date Jul 1 1933

UNDERTAKER Robt E Williams

(Address) 1415 McElderry St

FILED 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 (Tues) 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1 Day
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Leuk M. D.

Coroner

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87191 87191

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3018 Belmont Ave St. (Ward) 16-a1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Grasser

(a) Residence: No. 3018 Belmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John L Grasser

DATE OF BIRTH (month, day, year) July 30 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME OF FATHER Joseph O'Donnell

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME OF MOTHER Amanda Krentler

16. BIRTHPLACE (city or town) (State or country) Balto Co

INFORMANT John L Grasser

(Address) 3018 Belmont Ave

BURIAL, CREMATION, OR REMOVAL Interment Greenmount Cemetery Date Feb 2 1933

UNDERTAKER C S Mayhall

(Address) 3539 Falls Road

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th 1932 to Jan 30 1933

I last saw h[er] alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a General Atheric Sclerosis	1 yr
Other contributory causes of importance:	
b Cerebral Edema	3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac C. Dickson M. D.

(Address) 3055 W. North Ave.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87192 E 87192

CERTIFICATE OF DEATH

167 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Guilford St. 14-84 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis M. Keizer

(a) Residence: No. 1600 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	married

6. If married, ~~widowed~~ or ~~divorced~~
HUSBAND of (~~or WIFE of~~) Emma H Keizer

DATE OF BIRTH (month, day, year) Oct 17th 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	15th	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 031
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. machinist
10. Date deceased last worked at this occupation (month and year) 4 yrs ago
11. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lewis R Keizer

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Hester Rush

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Emma H Keizer
(Address) 1600 Bolton St

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 3 1933

UNDERTAKER Henry Weyler & Co
(Address) Edward Re Collector
Huntington Indiana

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h[er] alive ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Decapitated by Shot Gun self Inflicted Suicide While Insane

Date of onset 2.1.33

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? sight Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or ~~homicide~~? Yes Date of injury 2/1 1933
Where did injury occur? 210 Guilford ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury —
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fenton M. D.
Coroner
2/1/33 (Address) 700 E Chase

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87193

CERTIFICATE OF DEATH

82-001

E 87193

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Jenson Bldg 36 St. Paul St., 179-81 (Ward)

2-FULL NAME Elias D. Gover

(a) RESIDENCE NO. 3604 Elm Ave St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. _____ mos. _____ ds. How long in U. S., If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Gover.

6 DATE OF BIRTH (month, day, and year) Oct 12 1851

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	81	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Mabel Reichwein
(Address) 4604 Kenwick Road.

15 Filed Jan 31 1933 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.
The CAUSE OF DEATH was as follows:

C.V.D. Sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Earl Mowbray M. D.

1/30. 1933 (Address) 3622 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar Balto Co Md. DATE OF BURIAL Feb 2 1933

20 UNDERTAKER Chenowith Bros ADDRESS 3615 Chestnut Ave

1933

H. D. B. 1268-9

87194

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87194

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Young

(a) Residence: No. 645 Ensor St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Petersburg, Va

13. NAME Charles Young

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Bailey

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Pearl Powell

(Address) 216 W. 149th St. N.Y.City

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Feb. 2nd 19 33

UNDERTAKER Belmont Mgmt & Wright

(Address) 1248 McElderry St.

FILED 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of lungs	
Toxemia	

Other contributory causes of importance:

Burns over front of body	Jan 17/

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 17/33 19

Where did injury occur? in home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Clothes caught fire while pouring coal oil in stove to start fire.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Hutton M. D.

Coroner

(Address) 508 E Monument

1-30—M. & T.—100 B—50L

87195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87195

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 20-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Amelia Rose Reuwer.

(a) RESIDENCE NO. 2355 Frederick Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND) of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 11, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Reuwer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Bessie Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Joseph Reuwer. (father)

(Address) 2355 Frederick Ave.

15 Filed 1933 192 Huntington Wit. [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

unknown. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2355 Frederick Ave. January 31, 1933

Did an operation precede death? No. Date of

Was there an autopsy? Yes Hospital Autopsy.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto Hartmann, M. D. Coroner

2/1/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral DATE OF BURIAL 2/2/ 19 33

20 UNDERTAKER W. B. Wyckoff ADDRESS 1300 Eutaw Place

I. D. B. 1268-9

87196

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 87196

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 920 Mason St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Frisby Wilson

(a) Residence: No. 920 Mason St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 2, 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alfred Wilson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Florence Farman

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mother

(Address) 920 Mason St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 2, 1933

UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED 2-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1933, to 1/31, 1933

I last saw h[illegible] alive on 1/30, 1933 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Enter. Enteritis	1/15/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Hartman M. D.

(Address) 912 Gilmor St

AdCo. 5-31 250B

87197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87197

CERTIFICATE OF DEATH

82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 556 W Biddle St. 17-01 Ward)
Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa V Martin

(a) Residence: No. 556 W Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME Wm. Smith
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Mary E Fields.
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT Josephine Petticolas
(Address) 556 W Biddle St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/2 1933
19. UNDERTAKER Samuel J. Hemsley
(Address) 578 W. Biddle St.
20. FILED 2-1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Jan 30 1933
I last saw her alive on Jan 26 1933 death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 20 1933
Other contributory causes of importance: Pulmonary Congestion	Dec 15 1932

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify) ...

(Signed) H. Cadler ..., M. D.
(Address) 733 Lamont

pec.—8-16-29—L. F. S.—100 Bks.

E 87198

87198

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Fulton ST. 19-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary D. Dandoa

(a) RESIDENCE NO. 107 N Fulton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wht	Mar.

If married, widowed, or divorced HUSBAND of (or) WIFE of John L Dandoa

DATE OF BIRTH (month, day, and year) Dec 17 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	1	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edward Hanaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza J Greenwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

Informant John L Dandoa

(Address) 107 N Fulton

Filed 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 / 33

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 33 to Jan 31, 19 33, that I last saw h alive on Jan 31 4 30 19 33 and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

a Chronic Enteritis.

Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmo Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F Norwood M. D.

Feb 1 33 (Address) 939 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL FEB 3 19 1933

20 UNDERTAKER Geo W Little

ADDRESS 3700 EDMONDSON AVE

E 87199

-30—M. & T.—100 B—50L

87199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6317 Arundel Cove Ave. ST. 25-01 WARD)

2-FULL NAME Josephine Piraino.

(a) RESIDENCE NO 6317 Arundel Cove Ave. ST., ... WARD ..... New York.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. ---- ds. How long in U. S., if of foreign birth? 27 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed, or divorced
(or) WIFE of Joseph Piraino.

6 DATE OF BIRTH (month, day, and year) December 6, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

10 NAME OF FATHER Anthony Talmeiri.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Frances Trucelli.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Joseph Piraino. (husband)

(Address) 6317 Arundel Cove Ave.

15 Filed FEB 2 1933 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Reinhardt, M. D. Coroner

1/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross G.A.Co.

DATE OF BURIAL Feb 2 1933

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

...—2-29-28—L. F. S.—500 Bks.

87200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87200

CERTIFICATE OF DEATH

157-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 29 Kresson St. (ST.) 36-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patricia Anna Donoghue

(a) RESIDENCE NO. 29 Kresson St. (ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Apr. 20, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Michale Donoghue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Twinglo

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

Informant Mr. Michale Donoghue

(Address) 29 Kresson St.

Filed ... 19 ... Registrar

2-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1/1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Feb 1, 1933.

that I last saw h.. alive on Feb 1, 1933

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Knight S. Sadler, M. D.

2/2, 1933 (Address) 3323 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL 2/3/1933.

20 UNDERTAKER Louis Neumann & Son

ADDRESS 32 S. Broadway

D. B. 1268-9

E 87201 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87201

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jan Korzeniowski

(R) Residence: No. 2224 Fleet St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Unk.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03K

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Korzeniowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Bernadzikowska

(Address) 2224 Fleet St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 3 1933

UNDERTAKER J. Wozniewski

(Address) 1930 Eastern Ave.

FILED 2-6-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage- Fracture Base of Skull	Jan 30

Other contributory causes of importance:

History of Hypertension - ???

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 30/33 19

Where did injury occur? 1704 Eastern Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Club Room

Manner of injury Evidently fell at foot of

Nature of injury stairs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John H. Pau M. D.
Coroner

(Address) 508 E Fort Ave

Spec.—1-12-23—M&T—500 Blks.

87202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87202

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1507 N. Wolf, ST. 8-01 WARD)

2-FULL NAME Charles Bethon

(a) RESIDENCE NO. 1507 N. Wolf, ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Bethon

DATE OF BIRTH (month, day, and year) April 12, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	87	9	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

10 NAME OF FATHER Charles Bethon

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant (Address) Lydia Finkenbender 1623 Oliver, St.

Filed 2-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932 to Jan. 30 1933.

that I last saw him alive on Jan. 30, 1933

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and chronic myocarditis.

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) Edward E. Singewald, M. D.

2/1/1933 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 2/2 1933

20 UNDERTAKER Smith & A. Cole ADDRESS 1400 W. Lombard

D. B. 1268-9

87203 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87203

108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W Lanvale St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E Bunford

(a) Residence: No. 1906 W Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year): 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME OF FATHER: John H Bunford

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Julia Goff

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Margaret E Bunford
(Address) 1906 W Lanvale

BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: 2/3, 1933

UNDERTAKER: George W Bayley
(Address) Fulton & Fayette

FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933, to Feb 1, 1933

I last saw her alive on Feb 1, 1933. Death is said to have occurred on the date stated above, at 7.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senility	
Other contributory causes of importance:	
Hypostatic Lobar Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hunt Huntington Williams, M. D.

(Address) The Esplanade

AACo. 5-31 150M

87204 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87204

131

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S. Ann St. 2-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bogumila Lukowska

(a) Residence: No. 809 S Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Lukowski

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Walace Boganowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sophia Janowski

(Address) 809 S. Ann St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary R.C. Date Feb 4 19 33

UNDERTAKER Mrs. F. Pidlowski

(Address) 2007 Eastern Ave

FILED 2 1933 [illegible] Funeral Director, 1407 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1932 to Jan. 31, 1933.

I last saw her alive on Jan 31, 1933 death is said to have occurred on the date stated above, at 2 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 27, 1933.

Other contributory causes of importance:

Chronic Bright's Disease

Name of operation None Date of

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John J. Kraft M. D.

(Address) 2201 Eastern Ave

AaCo. 5-31 250B

E 87205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87205

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Gwynn Falls Pkwy St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Vincent M. Zelenski

(a) Residence: No. 3023 Gwynn Falls Pkwy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Zelenski

DATE OF BIRTH (month, day, year) 0 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&D
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Lithuania
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Josephine Zelinski
(Address) 3023 Gwynns Falls Pkwy

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 4, 1933

UNDERTAKER John Grabliauskas
(Address) 423 S. Paca St.

FILED FEB 2 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1932, to 2-1, 1933

I last saw h[im] alive on 2-1, 1933 death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2/31/33
(Other contributory causes of importance: Generalized Arteriosclerosis Cardiac & Renal disease	15 yrs

Name of operation — Date of No

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph H. Laukaitis M. D.
(Address) 679 Washington Blvd

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87206 E 87206

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. Eutaw St. 21-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Francis Kravinas.

(a) Residence: No. 1326 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	61	*	*	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Lithuania
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Lithuania
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Lithuania
(State or country)

INFORMANT Eva Budris
(Address) 1326 Ridgely Street,

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 3, 1933

UNDERTAKER John Grebliauckas
(Address) 423 S. Haca Street

FILED FEB 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1933 to January 31, 1933

I last saw her alive on January 30 1933 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, right, following apoplexy, due to chronic nephritis, arterio-sclerosis.	1-28-33
Other contributory causes of importance: Myocardial insufficiency	1-30-33

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. B. Bronusbas, M. D.
(Address) 3037 O'Donnell St

M. D. B. 1268-9

87207 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87207

CERTIFICATE OF DEATH

Registered No. V 131

1. PLACE OF DEATH: Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 1512 Gilmore St. (Ward) 18-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mighty Craddock Robinson

(a) Residence: No. 2314 Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~SEX~~ F.	C.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Craddock

DATE OF BIRTH (month, day, year) — 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andrew Robinson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Gloria Weatherston

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Josiah Hardy

(Address) 1032 Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 5th, 1933

UNDERTAKER A. J. Jones

(Address) 111 S. Gilmor St

FILED 2 1933 Huntington, Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 —, 1933, to 1 — 31 —, 1933

I last saw her alive on 1 — 31 —, 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation + Dilatation	2 mo
Other contributory causes of importance: Nephritis	

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Boykin M. D.

(Address) 1512 Gilmor St

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

87208

CERTIFICATE OF DEATH

50 E 87208

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5401 Harford Rd St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Marie Darling

(a) Residence: No. 5401 Harford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin G. Darling

7. DATE OF BIRTH (month, day, year) 3-31-1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co Md
(State or country)

13. NAME OF FATHER John G. Brendel

14. BIRTHPLACE (city or town) Hagerstown Md
(State or country)

15. MAIDEN NAME OF MOTHER Susanna Cryoles

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mrs Evelyn Engelman
(Address) 5401 Harford Rd

18. BURIAL, CREMATION OR REMOVAL
Parkwood Cemty Date 2-3 1933

19. UNDERTAKER Leonard J. Rucky
(Address) 5305 Harford Rd

20. FILED 2-2-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1932 to Feb 1 1933

I last saw her alive on Jan 31 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast.	

Other contributory causes of importance:

Auto Intoxication	

Name of operation Mastectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clarence Brown, M. D.

(Address) 4708 Harford Rd

2-2-1933

Spec.—1-30—M. & T.—250 Blks

E 87209 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87209

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 N Chester ST., 1-A WARD)

2-FULL NAME Anna K. Meisel

(a) RESIDENCE NO. 634 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Meisel

DATE OF BIRTH (month, day, and year): Dec 31-1861

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	1	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): York Pa

10 NAME OF FATHER: Geo Litz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Weidler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Pa

Informant: John Meisel

(Address) 634 N. Chester St

Filed ..... 19.. Huntington Williams Registrar

32-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-1-33

17 I HEREBY CERTIFY, That I attended deceased from November 5, 1932 to February 1, 1933, that I last saw h alive on February 1, 1933, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio-Renal Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Frank Lloyd M. D.

2-2, 1933 (Address) 2005 N. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Ce

DATE OF BURIAL: 2-4 1933

20 UNDERTAKER: Leonard J. Ruch

ADDRESS 5305 Harford Rd

ec.—2-29-28—L. F. S.—500 Bks.

87210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87210

11-002

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2502 E Preston ST., 8-01 WARD)

2—FULL NAME Anthony Wichelm

(a) RESIDENCE NO. 2502 E. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Wed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas.

ATE OF BIRTH (month, day, and year) May 14-1929.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	17	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Md.

0 NAME OF FATHER Charles Wichelm

1 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)

2 MAIDEN NAME OF MOTHER M. Zuerman.

3 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Charles Wichelm

(Address) 2502 E. Preston St.

2-1933 Huntington Ave, Balto, Md. John A. Moran

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1- 33.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26. 1933, to Feb. 1 1933, that I last saw h[illegible] alive on Jan 31 1933. and that death occurred, on the date stated above, at 7 45 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
(Recompensated)
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 3 ds

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) G. F. Stevens, M. D.

2 2 1933 (Address) 2878 Stafford.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 3, 1933

20 UNDERTAKER John A. Moran

ADDRESS 3000 E Balto St

Spec.—9-30—A. & Co.—250 Bks.

E 87211

E 87211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 405 N Broadway ST. 6-01 WARD)

2-FULL NAME Edwards Siegmund

(a) RESIDENCE NO. 405 N Broadway ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 78 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Fredericka Siegmund

7 DATE OF BIRTH (month, day, and year) March 24-1844

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	10	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Ludwig Siegmund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Siegmund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Fredericka Siegmund

(Address) 405 N Broadway

Filed FEB 2 - 1933 Huntington Mchantic, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31-1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Jan 31, 1933

that I last saw h[illegible] alive on Jan 31, 1933

and that death occurred, on the date stated above, at 5-15 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Myocardial Degeneration

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Loos M. D.

2-1, 1933 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

UNDERTAKER John Ulrich

DATE OF BURIAL May 6 1933

ADDRESS 2108 Eutaw

M. D. B. [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87212

CERTIFICATE OF DEATH

E 87212

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Aisquith St. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert F. Tinker

(a) Residence: No. 1518 Aisquith St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theresa Tinker

6. DATE OF BIRTH (month, day, year) Nov. 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 7 years

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington D. C.
(State or country)

13. NAME George Tinker

14. BIRTHPLACE (city or town) Washington D. C.
(State or country)

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMANT Charles E. Tinker
(Address) 1518 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Feb. 5, 1933

19. UNDERTAKER Portant & Polk Ullrich
(Address) 2008 Eastern Ave

20. FILED FEB 2 - 1933 Huntington Williams, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1933 to Feb 1 1933

I last saw h[illegible] alive on Feb 1 1933 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carb. Carcinoma Abdomen	1/31/33
Empyema Pleurisy	" "

Other contributory causes of importance:

Exhaustion	1
Pleurisy Edema	1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Thomas F. Wirtz, M. D.

(Address) 5302 Belair Road

M. D. B. 1268-9

E 87213 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87213

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH Church Home Infirmary St., 26 Ward 1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jane Masett

(a) Residence: No. 3612 Roberts Place St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of Mrs Jane Masett (Deceased) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME George Masett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Louisa Whitley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gertrude Masett (Address) 3612 Roberts Place

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Feby 7, 1933

19. UNDERTAKER John Ulrich & Bro (Address) 211 E Biddle St Baltimore, Md

20. FILED FEB 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1933 to Feb 2nd, 1933

I last saw h[illegible] alive on Feb 2nd, 1933 Death is said to have occurred on the date stated above, at 12:45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis + Generalized following appendicitis, perforated, acute gangrenous.	1/29/33
Other contributory causes of importance: Myocarditis acute.	2/1/33
Hemi. paralysis	2/1/33

Name of operation Appendectomy Date of 1-30-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Richard C. Cumming M. D.

(Address) Residence and Infirmary

M. D. B. 1268-9

87214 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 87214

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Stafford St. 21-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Bertha E Fleischer

(a) Residence: No. 3215 Stafford St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles A Fleischer

6. DATE OF BIRTH (month, day, year) Aug 6 1886

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
46	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PERSONAL PARTICULARS

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Nagle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Betty Benesa

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles A Fleischer
(Address) 3215 Stafford St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 2 1933

19. UNDERTAKER George J Lingle
(Address) 832 Fulton Ave

20. FILED Huntington Williams M.D.
Registrar
2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1932 to Jan 31 1933

I last saw her alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 4:40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 Months ago
Other contributory causes of importance; Bronchopneumonia	3 days ago

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias W Johnson M. D.

(Address) 3432 Independence

M. D. H. 1268-9

2220 Eutaw

7215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87215

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Cremore St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 55 yrs. ..... mos. ..... ds.

2. FULL NAME Mamie ~~Bronstein~~ Bronstein

(a) Residence: No. 2219 Cremore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie

DATE OF BIRTH (month, day, year) 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Louis Bronstein-Son

(Address) 510 Carl St.

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-2-33 19

UNDERTAKER Jack Louis Sons

(Address) 1439 E. Baltimore St.

FILED 2 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1933 to Feb. 2nd 1933

I last saw him alive on Feb. 2 1933. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. G. Nicholson M. D.

(Address) 2230 Eutaw Pl

7216.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87216

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH Brought dead at

CITY OF BALTIMORE: (No. University Hospital St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Mahlmann

(a) Residence: No. 112 S. Monastery Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 12, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corsetier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Charis Corset Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince William County Virginia

13. NAME Herman H. Mahlmann

14. BIRTHPLACE (city or town) (State or country) Veidum Germany

15. MAIDEN NAME Dorette Kaufman

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

INFORMANT Miss Minnie Mahlmann
(Address) 112 S. Monastery Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 4 ... 1933

UNDERTAKER John P. Cook
(Address) 1003 W. Baltimore St.

FILED 1933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw her alive on ... 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Coronary Embolism	
Sudden	
Other contributory causes of importance:	
Nasal Empyema	

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) James M Fenton, M. D. Coroner

2/1/33 (Address) 700 E. Chase St.

M. D. B. 1268-9

87217 E 87217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 10-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary McKenna

(a) Residence: No. 1003 Valley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles McKenna

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 68 yrs	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Anna M. Koch

(Address) 1003 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Feb 4, 1933

19. UNDERTAKER Edwin W. Conklin

(Address) 524 E Eager St.

20. FILED FEB 4 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1933 to February 1, 1933

I last saw h she alive on February 1, 1933 Death is said to have occurred on the date stated above, at 10 22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
Bronchopneumonia	?
Hypostatic - Anemia	?

Other contributory causes of importance:

arteriosclerosis	
cellulitis of left arm	

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder M. D.

(Address) St. Josephs Hospital

H. D. B. 1268-9

87218 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87218

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 19-21 ..... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Johnson

(a) Residence: No. 1413 Davis ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Johnson

DATE OF BIRTH (month, day, year) Dec. 27-1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	29	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Durham (State or country) N.C.

13. NAME OF FATHER Grant Campbell

14. BIRTHPLACE (city or town) Durham (State or country) N.C.

15. MAIDEN NAME OF MOTHER Martha Criss

16. BIRTHPLACE (city or town) Durham (State or country) N.C.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 1/31/33, 19...

19. UNDERTAKER Chas. G. Sheppard
(Address) 574 N. Calhoun St.

20. FILED 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1933 to 1-30, 1933

I last saw her alive on 1-30, 1933 Death is said to have occurred on the date stated above, at 2½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix & regional Metastasis.	1932
Elephantiasis left Leg.	1 year

Other contributory causes of importance:

Bronchopneumonia	1-27-33

Name of operation none Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. Bruce Schaffer M. D.

(Address) Balto City Hosp.

7219 E 87219

Form 268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 So. Collins Ave. 20-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E. Fager.

(a) Residence: No. 1302 So. Collins Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace G. Fager.

6. DATE OF BIRTH (month, day, year) March 11th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Joseph E. Fager.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Tatum.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Grace G. Fager.
(Address) 302 So Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/4/ 1933

19. UNDERTAKER John F. Conway & Son.
(Address) 401 Hollins Street.

20. FILED 2 4 1933 19 ..... in ..... Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 10 1933 to Feby 1 1933

I last saw him alive on Feby 1 1933 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	1/10/33
Other contributory causes of importance:	
Arterio Sclerosis	1932

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. A. O'Neill M. D.

(Address) 108 N Fulton Ave

M. D. B. 1268-9

87220 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87220

CERTIFICATE OF DEATH

V 172-002

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Das Allen (Porter) 70

(a) Residence: No. 1303 Mary St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Porter

6. DATE OF BIRTH (month, day, year): 1-14-1863

7. AGE: Years 69 61 | Months 0 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer - Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md -

13. NAME: Das allen Porter

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Harriet Young

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet, Date 2/3/33, 19

19. UNDERTAKER: Jno Chas S. Bailey

(Address) 421 Eutaw St

Funeral Director

FILED 2-1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1933 to 1-30, 1933

I last saw h. alive on 1-30, 1933. Death is said to have occurred on the date stated above, at 5 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Senility Cont Liquor	? -

(Other contributory causes of importance:

Intestinal obstruction Post operation Stab	1-27-33

Name of operation Exploratory Date of 1-30-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jno Chas Sulcahy M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87221 E 87221

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balt Union Hosp 124-001 Registered No.

CITY OF BALTIMORE: (No. Baltimore Md St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fiore

(a) Residence: No. 104 S. Duncan St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick Fiore

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER'S MAIDEN NAME

13. NAME Nick Desanto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Tresa Monyora

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Record Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 3 1933

19. UNDERTAKER John C. Miller (Address) 2435 E. Oliver St

20. FILED Feb 3 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1933 to 2-1- 1933

I last saw h[illegible] alive on 2-1- 1933 Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-24-33
Other contributory causes of importance:	
Ulcer	over

Name of operation Ulcer Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

2-1-33 If so, specify

(Signed) Elmer Hirshberg M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

87222

HEALTH DEPARTMENT—CITY OF BALTIMORE

87222

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. Life ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Owings

(a) Residence: No. 147 N. Front St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1-16-?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 3rd 1933

19. UNDERTAKER John C. Miller
(Address) 1536 E. Oliver Ave

20. FILED 1933 Washington Ave Cem. Records

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-33

22. I HEREBY CERTIFY, That I attended deceased from 1-24-33 to 1-31-33
I last saw h alive on 1-31-33 Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-23-33

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
1-31-33 (Signed) H. Hugh Lee M. D.
(Address) Balto City Hospitals

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87223

E 87223

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Patapsco Ave.) (Ward) 9th

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kirby

(a) Residence: No. 907 Patapsco Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo M. Kirby

DATE OF BIRTH (month, day, year): July 7 1884

AGE: Years: about 49 | Months: 6 | Days: 0 x 9 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME Dominica Roach

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Mary Schuler

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Leo Kirby

(Address): 907 Patapsco Ave

BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross. Date: Feb. 3 33

UNDERTAKER: Margaret E. Flynn

(Address): 1422 Light St

FILED: 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): ~~Jan~~ Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932 to Feb. 1 1933

I last saw her alive on Jan. 31 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver indefinite	over
Exhaustion	1/31/33

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. H. Campbell M. D.

(Address) 1644 Hanover St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87224 X 59 E 87224

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 20-21 Ward)

Length of residence in city or town where death occurred ...yrs.....mos. 24 ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs. Elizabeth Smith

(a) Residence: No. Portsmouth, Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Henry L. Smith

DATE OF BIRTH (month, day, year) March 24-1888

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	10	87	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Virginia

18. NAME Peter Ivey

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Martha Rich

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mr. Henry L. Smith

(Address) Portsmouth, Va

BURIAL, CREMATION, OR REMOVAL Place Portsmouth, Va Date Feb 6 1933

UNDERTAKER Wm. J. Dreher & Bro

(Address) North & Calvert Sts

FILED 1933 Huntington Williams, M.D. APW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1932, to 2/1, 1933

I last saw her alive on 2/1, 1933 death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/1/32
Other contributory causes of importance: Diabetes Mellitus	
Chronic myocarditis	

Name of operation Hysterectomy Date of 1/26/33

What test confirmed diagnosis? Surgical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Aloha H. Crowther M. D.

(Address) Bon Secours Hosp.

Spec.—9-30—A. & Co.—250 Bks

87225 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87225

CERTIFICATE OF DEATH

REGISTERED NO. 57
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No. W. 40th St. Ward Kismet Rd.) 43-01 (WARD)

2. FULL NAME Bangert Mrs Caroline

(a) RESIDENCE No. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lauer

6 DATE OF BIRTH (month, day, and year) Jan. 27-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	0	4	

OCCUPATION OF DECEASED Women 60

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Bangert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bangert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Wm F. Bangert
(Address) 300 E. 27th St.

Filed 2-1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1-33

17

I HEREBY CERTIFY. That I attended deceased from Sept 13, 1932, to Feb 1, 1933

that I last saw her alive on Feb 1, 1933

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardiac insufficiency
Auricular fibrillation
Chronic bronchitis. Chronic
infectious arthritis (duration) 10+ yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N Nafford Hoskins M. D.

19 (Address) 214 Mer. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem DATE OF BURIAL Feb. 3 1933

20 UNDERTAKER Wm J. Fetter & Sons ADDRESS Northern

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87226

CERTIFICATE OF DEATH

E 87226

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital St., 24 Ward)

Registered No. 210-881

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Dobres

(a) Residence: No. U.S.S. Reina Mercedes St., Annapolis Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/19/1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	22	12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor 455 Reina Mercedes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 6

BIRTHPLACE (city or town) (State or country) Toledo Ohio

13. NAME Samuel Dobres

14. BIRTHPLACE (city or town) (State or country) Toledo Ohio

15. MAIDEN NAME Watson

16. BIRTHPLACE (city or town) (State or country) Indiana

INFORMANT Naval Hospital

(Address) Annapolis Md.

BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date Feb 2 33

UNDERTAKER R. F. Hopkins

(Address) Annapolis Md

FILED 1933 Feb 2 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 to Jan 19

I last saw h alive on 19. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Avulsion of Scalp	2/1/33
Shock & Hemorrhage	
Other contributory causes of importance:	
Automobile Accident	2/1/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/1/33

Where did injury occur? Hanover St Bridge Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87227 E 87227

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH: Pronounced dead at South Baltimore General Hospital
CITY OF BALTIMORE: (No. 24-89 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 0 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Hollis
(a) Residence: No. 1933 E Jefferson St St., U.S.S. Pennsylvania Annapolis, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Irma

DATE OF BIRTH (month, day, year) July 7, 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor 8/13/29 USN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy 056
10. Date deceased last worked at this occupation (month and year) present
11. Total time (years) spent in this occupation
BIRTHPLACE (city or town) (State or country) Worden Illinois
13. NAME John Hollis
14. BIRTHPLACE (city or town) (State or country) Worden Illinois
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown
INFORMANT Naval Hospital Annapolis, Md.
(Address)
BURIAL, CREMATION, OR REMOVAL Place Annapolis Md Date Feb 2 33, 19
UNDERTAKER B L Hopkins Annapolis Md.
(Address)
FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19 , to , 19
I last saw h alive on Inquiry, 19 . Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2/1/33
Other contributory causes of importance:	
Automobile Accident	2/1/33

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/1, 1933
Where did injury occur? Hanover St. Bridge Balto. Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto in which he was riding collided with another
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph S Kerney M. D.
Coroner
(Address) 2200 E Madison St

H. D. B. 1268-9

87228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87228

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-ab Ward)

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Benjamin Benedict

(a) Residence: No. Sheffield Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie S. Benedict

DATE OF BIRTH (month, day, year) Apr. 6, 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph Benedict

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. A. Schmidt

(Address) Marlborough Apts.

BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Date Feb. 3 1933

UNDERTAKER David Sondheim & Son

(Address) 1702 Eutaw Place

Huntington Williams, M. D.
Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933 to Feb. 2, 1933

last saw h. im alive on Feb. 2, 1933. Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-1-33

Other contributory causes of importance:

Coronary artery disease	yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Levy M. D.

(Address) Sinai Hosp

D. B. 1268-9

Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

87229 E 87229

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Williams

(a) Residence: No. 1402 Mary St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Williams

DATE OF BIRTH (month, day, year) — — 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Chas L. Bailey

(Address) 721 Jefferson St

BURIAL, CREMATION, OR REMOVAL

Place Ashbury Cemetery Date 2-4 1933

UNDERTAKER Mrs Chas L. Bailey

(Address) 721 Jefferson St Baltimore, Md.

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from — 19 , to — 19 .

I last saw h alive on — 19 Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

Accidental Burns on legs

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 1/26, 1933

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 721 Jeff

Manner of injury Burned by Gas

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. Weinstein M. D. Coroner

(Address) 1305 N Fulton Ave

Spec.—1-10-21—M&T—1500 Blks.

87230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87230

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH Kernans Hospital

CITY OF BALTIMORE: (No. Windsor Mill Road St., 16-96 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sellman

(a) RESIDENCE NO. 2723 Baker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Sellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

-1933 Huntington Williams, M.D. A. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1/33 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1932, to Feb 1, 1933.

that I last saw h.. alive on Feb 1, 1933,

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

malignant tumor of the buttocks arising from; medullary epithelioma of the central nervous system, (neuro epithelioma)

(duration) 1 yrs. 3 mos 20 ds.

CONTRIBUTORY (Secondary) metastatis;

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? born with it

Did an operation precede death? yes Date of 9/20/32

Was there an autopsy? yes

What test confirmed diagnosis? X-ray & Biopsy

(Signed) Gilbert R. Mortimer Jr. M. D.

, 19 (Address) Kernans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Feb 4 1933

20 UNDERTAKER Richard W. Meyer ADDRESS 1620 Ashburton St

M. & T.—100 B—50L

87231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87231

CERTIFICATE OF DEATH

167

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 1109½ N. Charles ST. 11-9-1 (WARD)

2-FULL NAME William L. Hopkins

(a) RESIDENCE NO 1109½ N. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 23 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

TE OF BIRTH (month, day, and year) Feb. 22, 1909

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	11	9	

CCUPATION OF DECEASED
a) Trade, profession or particular kind of work Salesman
b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer Davis Paint Co.

RTHPLACE (city or town) Baltimore
State or country) Maryland

NAME OF FATHER Joseph Lorimier Hopkins

BIRTHPLACE OF FATHER (city or town) Waverly
(State or country) Iowa

MAIDEN NAME OF MOTHER Blanche Patterson

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

ormant Mrs. Blanche P. Hopkins

(Address) Harrisburg, Pa.

Filed ..... 192 Huntington Williams, M.D.
F 1933 R.P.I.T. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot, Wound through the Brain Suicide

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1109½ N Charles

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton, M. D. Coroner

2/2 1933 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 2/3 1933

20 UNDERTAKER Henry U. Mears and Son

ADDRESS 805 N. Calvert St.

M. D. B. 1268-9

87232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87232

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 15-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 3 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Wagner

(a) Residence: No. 1937 Ridgehill Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 29, 1933

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Wagner

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Emma Wojtuk

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Emma Wagner

(Address) 1939 Ridgehill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 2nd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 W Pratt St.

FILED 2-1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933. to Feb. 1, 1933. 19....

I last saw her alive on Feb 1, 1933. Death is said to have occurred on the date stated above, at 10 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Birth Injury	

Other contributory causes of importance:

None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

-20—M. & T.—100 B—50L

E 87233

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 87233

CERTIFICATE OF DEATH

97

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 S. Catherine St. (ST.) 20-21 (WARD)

2-FULL NAME Amelia Mays.

(a) RESIDENCE NO 119 Catherine St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6 If married, widowed, ~~or divorced~~ (or) WIFE OF Jehu Mays.

7 DATE OF BIRTH (month, day, and year) October 13, 1850

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jacob Martin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Sophia Lamdin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Bertha A. Mays. (daughter)

(Address) 119 S. Catherine St.

Filed ..... 192 ..... Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt X Coroner, M. D.

2/1/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Md

DATE OF BURIAL 2/3/1933

ADDRESS St Paul st

20 UNDERTAKER Wm Cook 1217

M. D. B. 1268-9

87234

HEALTH DEPARTMENT--CITY OF BALTIMORE

34E 87234

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John H. Hartley

(a) Residence: No. 113 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs John H Hartley

7. DATE OF BIRTH (month, day, year) Oct 6, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secret bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not known U. S. P. & G. Co

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME H. Hartley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Ada Bennett

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Hartley

(Address) 113 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Louden Park Date Feb 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Jan 31, 1933

I last saw him alive on Jan 31, 1933 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial failure	Dec 17 1932

Other contributory causes of importance:

Chronic nephritis	For several years
Arteriosclerosis	Many years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp

-30—M. & T.—100 B—50L

E 87235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87235

CERTIFICATE OF DEATH

173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1109½ N Charles ST. 13-01 WARD)

2-FULL NAME Cecelia C. Henry

(a) RESIDENCE NO 1927 Park ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 5 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER Edward B. Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Isabella Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Edward B Henry

(Address) 1927 Park ave

Filed 1933 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bullet Wound Through Brain
Homicide
(duration) Sudden yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1109½ N Charles

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

2/1, 1933 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. — DATE OF BURIAL Feby 3, 1933

20 UNDERTAKER Wm O Mitchell & Sons — ADDRESS 1900 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87236

CERTIFICATE OF DEATH

50 E 87236

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Rosleyn Ave St. 15 Ward)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie A Laur

(a) Residence: No. 2506 Rosleyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emory F Laur

6. DATE OF BIRTH (month, day, year) Sept 11 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Thos Bowen

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Hester A Hutchins

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Nellie L Laur
(Address) 2506 Rosleyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feby 3 1933

19. UNDERTAKER John O Mitchell & Son
(Address) 1400 Lanvale Place

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Jan 31, 1933

I last saw her alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left breast	7 years.

Other contributory causes of importance:

General Carcinomatosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Garnes M. D.

(Address) 2604 Garrison Blvd

87237 ✓ E 87237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-01 Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 30 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Washington Carroll

(a) Residence: No. 2935 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~: Mary Marchand Carroll

6b. DATE OF BIRTH (month, day, year): July 3, 1876

7. AGE — Years: 56 | Months: 6 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.: 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired shoe merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 055

10. Date deceased last worked at this occupation (month and year): 5 yrs ago

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Wm. C. Carroll

14. BIRTHPLACE (city or town) (State or country): Loudoun County Virginia

15. MAIDEN NAME: Alexine Worthington

16. BIRTHPLACE (city or town) (State or country): Frostburg Maryland

17. INFORMANT: Calvert

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Cathedral Cem. Date: 2/4, 1933

19. UNDERTAKER: Henry U. Mears & Son

(Address): 808 N. Eutaw St.

FILED: 2-3-1933 Hunting Park Baltimore Md. (Cemetery or Crematory)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1933 to Feb. 2, 1933

I last saw h[illegible] alive on Feb. 2, 1933 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan. 1933
Prostatic obstruction	? 1931
Other contributory causes of importance:	
	own

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. H. [illegible] M. D.

(Address) Union Mem. Hosp.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 87238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87238

82-002

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 639 St Helena St., Ward 26)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sydney Shreeve

(a) Residence No. 639 St Helena St., Ward ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) ✓

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frances Bare

6-DATE OF BIRTH (month, day and year) July 6 1846

7-AGE. 87 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). Farmer

(c) Name of employer. Farmer

9-BIRTHPLACE (city or town) Westminster

(State or Country). Md

PARENTS

10-NAME OF FATHER. Conrad Shaw

11-BIRTHPLACE OF FATHER (city or town) Westminster

(State or Country). Md

12-MAIDEN NAME OF MOTHER. Rachael Shaw

13-BIRTHPLACE OF MOTHER (city or town) Westminster

(State or Country). Md

14-

(Informant) Mrs Jennie Rogers

(Address) 639 St Helena St

15-

Filed 3-1933 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 2 33

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 19 33 to Feb 2 19 33

that I last saw h[illegible] alive on Feb 2 19 33

and that death occurred, on the date stated above, at 4 10 p.m.

The CAUSE OF DEATH* was as follows: Cerebral Thrombosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ... yrs. ... mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Richard H Ferree M. D.

2/2, 19 33 (Address) 461 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount DATE OF BURIAL. Friday 3 Feb 1933

20-UNDERTAKER J E Gudgeon & Son ADDRESS Hyndon Md

Charles P Powell Asst Edmondson Ave

ec.—1-30—M. & T.—250—Bks 2858 Harford ave

7239 E 87239

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6302 Yorkshire Drive 27-41 (WARD)

2-FULL NAME Herman Wanns

(a) RESIDENCE NO. 6302 Yorkshire Drive ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wanns

DATE OF BIRTH (month, day, and year) May 12 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84		8	20	19

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer unknown

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Herman Wanns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mrs Helen Stohlepp

(Address) 6302 Yorkshire Drive

Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/33

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to Feb 1 1933

that I last saw him alive on Jan 31 1933

and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Cancer of Thyroid gland

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo A Timmons M.D.

2/3 1933 (Address) 2858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL 2/7 1933

UNDERTAKER Leo J Cook ADDRESS 1723 N Patterson pk ave

M. D. B. 1208-0

E 87240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87240

108

1. PLACE OF DEATH: Balto City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md St. 16-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4th 10 7/12 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME: William Harrell

(a) Residence: No. 1007 N. Stricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Harrell

6. DATE OF BIRTH (month, day, year): July 20 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER'S MAIDEN NAME

13. NAME: Alentz Harrell

14. BIRTHPLACE (city or town) (State or country): South Carolina

15. MAIDEN NAME: Serrena Daniels

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT (Address): Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 6 1933

19. UNDERTAKER: Joseph A. Lewis
(Address) 1409 N. Mount Street

20. FILED 2-3-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1932 to 2-2, 1933

I last saw her alive on 2-2, 1933 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1-29-33
Other contributory causes of importance: Hemorrhage into Cerebrum	1-30-32

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-2-33 (Signed) Elmer Hilbert M. D.

(Address) Balto City Hospitals

87241

269495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87241

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1y yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Seeberger

(a) Residence: No. 146 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Seeberger

6. DATE OF BIRTH (month, day, year): June 29-1877 Baltimore

7. AGE: Years 55 56 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb 4, 1933

19. UNDERTAKER George W. Zinkeley

(Address) 1737 E. Eager St.

20. FILED Feb 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1933, to Feb. 2, 1933

I last saw h.er alive on Feb. 2, 1933, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6 wks ago
Broncho pneumonia	Jan. 29
Auricular fibrillation	?

Other contributory causes of importance:

Arterio-sclerosis	? yrs
Hypertension	? yrs
Emphysema	? yrs

Name of operation no Date of —

Whnt test confirmed diagnosis? P.E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hunter McGuire Hardy, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

Antonina Cichon

87242 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87242

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Gough St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antonina Cichon

(a) Residence: No. 3722 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]nale	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michal Cichon

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Tomaszewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME =

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Tillie Tarkowska

(Address) 3722 Gough St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Feb 4 1933

UNDERTAKER John J. Duda

(Address) 2811 Reuben St

FILED [illegible] 19 ..... Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1933 to Jan 31, 1933

I last saw her alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 12 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/21/33
Senility	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius J. Zeyko M. D.

(Address) 2221 Eastern Ave

M. D. B. 1268-b

E 87243

E 87243 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 37-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Belair Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George G. Sonntag

(a) Residence: No. 4300 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Sonntag

6. DATE OF BIRTH (month, day, year) Nov. 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Restaurateur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 044

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gustav Sonntag

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Ellerbrook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Sonntag (Wife)

(Address) 4300 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb. 4 1933

19. UNDERTAKER Henry Sander & Son Inc.

(Address) Broadway & Baltimore Sts.

20. FILED FEB 3 - 1933 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to Feb. 1, 1933

I last saw h. alive on Feb. 1, 1933 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Rheumatic)	5 yrs ago
Other contributory causes of importance:	
Arteriosclerosis	1 day

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 100 [illegible]

1-30—M. & T.—100 B—50L

E 87244

E 87244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 8-01 WARD)

2-FULL NAME HARRY E. MILLER

(a) RESIDENCE NO 1535 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) March 20, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	10	12 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Howe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr. Henry Miller (Husband)

(Address) 1535 N. Chester St

Filed ....., 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Kidney

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1535 N Chester

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Norris, M. D., Coroner

, 19 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Feb. 6 1933

20 UNDERTAKER HENRY SANDER & SONS. INC.

ADDRESS Baltimore & Broadway

B3-1933 [illegible]

1-30—M. & T.—100 B—50L

E 87245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87245

205-006

CERTIFICATE OF DEATH

24-01

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Ehrman.

(a) RESIDENCE NO 1524 Belt St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced, HUSBAND of (WIFE of) Elizabeth Ehrman.

6 DATE OF BIRTH (month, day, and year) April 10, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ship yard.
(c) Name of employer Obrecht Lynch Corp.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Frederick Ehrman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Elizabeth Ehrman. (wife)

(Address) 1524 Belt St.

Filed 3 1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Viscera, crushed by a crane.
Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Key Highway. January 30, 1933

Did an operation precede death? Yes Date of Jan. 30/33

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinhardt Coroner, M. D.

2/1/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 4 1933

20 UNDERTAKER Chas P Stevens

ADDRESS 1501 Fort Ave

M. D. B. 1268-9

John A. Dawes

HEALTH DEPARTMENT—CITY OF BALTIMORE

87246

CERTIFICATE OF DEATH

V137 E 87246

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St., 2-7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME John A. Dawes

(a) Residence: No. 4000 Marsden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bismeyndt Dawes

6. DATE OF BIRTH (month, day, year) Aug 8 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Body Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Catherine Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Dawes

(Address) 4000 Marsden

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2-4 1933

19. UNDERTAKER Leonard J. Ruck

(Address) 2305 Harford Rd.

20. FILED FEB 3 - 1933 Huntington Indiana, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1933 to February 1, 1933

I last saw h in alive on February 1, 1933 Death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	?
Pyonephrosis (left)	?

Other contributory causes of importance:

Hypostatic pneumonia	2nd
Influenza	

Name of operation Prostatectomy Date of 1-19-33

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) St. Josephs Hospital

M. D. B. 1268-B

E 87247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87247

CERTIFICATE OF DEATH

Registered No. V47

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St. 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Schaeffer

(a) Residence: No. 174 Thomas Avenue St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E.

6. DATE OF BIRTH (month, day, year) Sept. 19-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

037

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Hoffman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elinora Dawson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Completed Feb 4/33
Place

19. UNDERTAKER W. M. Rogers and Sons
(Address)

20. FILED 2-4-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-24-1933 to 2-2-1933

I last saw h alive on 2-2-1933 Death is said to have occurred on the date stated above, at 1:00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung with metastases to brain	1-1-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-2-33 (Signed) Elmer Highberger Jr. M. D.

(Address) Balto. City Hospitals

87248 Form 1421—E B.R.S.—400 Bks. E 87248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 50

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2925 E. Baltimore St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mrs Anna C. Moran

(a) Residence No. 2925 E. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John Moran

6-DATE OF BIRTH (month, day and year): May 20, 1855

7-AGE: 77 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Brackenville Del.

PARENTS:

10-NAME OF FATHER: Michael Welsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Callehan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-(Informant): Margaret J. Lascomb

(Address) 116 W. Fifth St. Chester Pa

Filed FEB 3 - 1933 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): February 1/33.

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1930, 19..., to February 1, 19 33, that I last saw her alive on February 1, 19 33, and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Hypertrophy Cardiac

(Duration) 3 yrs. ... mos. ...

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A Thomas, M. D.

19 (Address) 4702 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 4 1933

20-UNDERTAKER: John F. Moran — ADDRESS: 3000 E. Balto St.

M. D. B. 1268-B

87249

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87249

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

unknown

2. FULL NAME Stella Williamson

(a) Residence: No. Mt Hope Retreat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) Georgia

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 3, 1933

19. UNDERTAKER Stewart & Co
(Address) Baltimore

FILED 2-3-1933 C. 49 [illegible] Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to Feb 2, 1933

I last saw her alive on Feb 2, 1933 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis	Jan 30.33
(Cerebral softening)	
Other contributory causes of importance:	
Manic-Depressive	
Secondary Dementia.	
(27 years duration)	

Name of operation None Date of

What test confirmed diagnosis? Phys Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Hall M. D.

(Address) Mt Hope Retreat.

AaCo. 5-31 250B

Ulrich

E 87250

87250 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 59

CERTIFICATE OF DEATH

1. PLACE OF DEATH Victoria Ward West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lanvale & Dulaney St. 15-84 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victoria Ulrich

(a) Residence: No. 714 Fernhill Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A Ulrich

DATE OF BIRTH (month, day, year) Jan 17 - 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Francis X Ganther

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Georgii

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Francis J. Ulrich

(Address) 3903 Dolfield Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 4 1933

UNDERTAKER Josiah Syfer

(Address) 800 W. North Ave

FILED 2-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1933, to February 2, 1933

I last saw h[illegible] alive on 6-5-[illegible] 1933 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Face and Scalp	
Staphylococcic Bacteremia	1/31/33

Other contributory causes of importance:

Diabetes Mellitus	

Name of operation Ulnar nerve Date of 1/22/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F Lerner, M. D.

(Address) West Baltimore General Hospital

D. B. 1268-9

87251 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87251

164-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 3322 Mondawmin St., 5-01 Ward)
Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Zelda Johnson

(a) Residence: No. 3322 Mondawmin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Howard Johnson

DATE OF BIRTH (month, day, year): Apr 17 1903

AGE: Years 29 | Months 9 | Days 14/5 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country): Wis

13. NAME: Chas Burns

14. BIRTHPLACE (city or town) (State or country): Wis.

15. MAIDEN NAME: Zelda Burns

16. BIRTHPLACE (city or town) (State or country): Wis.

INFORMANT: Howard Johnson
(Address): 3322 Mondawmin

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb 14, 1933

UNDERTAKER: Joseph Fifer
(Address): 600 N. Carrollton Ave

FILED Feb 16 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Asphyxiated	
Illuminating Gas	Gas
from Range	Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19.....
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Gas Range
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Colin Coroner, M. D.
(Address) Town

D. R. 1268-D

87252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87252

178-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3322 Mondawmin St., 15-01 Ward)

Length of residence in city or town where death occurred ....yrs.... mos.....ds. How long in U. S. If of foreign birth? ....yrs.... mos.....ds.

2. FULL NAME Lelus Weimer Johnson

(a) Residence: No. 3322 Mondawmin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): June 7 - 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Howard Johnson

14. BIRTHPLACE (city or town) (State or country): Wis

15. MAIDEN NAME: Zelda Burns

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Howard Johnson
(Address) 3322 Mondawmin

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Feb 4 1933

UNDERTAKER Joseph Zifer
(Address) 1601 W North Ave

FILED Feb 4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....
I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Gas Range

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leslie Hoffman M. D.
Coroner

(Address) Coroner

7253. E 87253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) 3322 Mordaunce St. 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard E. Johnson
(a) Residence: No. 3322 Mordaunce St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year): June 26 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Harrisburg Pa.

13. NAME: Howard Johnson

14. BIRTHPLACE (city or town) (State or country): Wva.

15. MAIDEN NAME: Zelda Burns

16. BIRTHPLACE (city or town) (State or country): Wva.

INFORMANT: Howard Johnson
(Address): 3322 Mordaunce St.

BURIAL, CREMATION, OR REMOVAL
Place Mordaunce Cem. Date Feb 4 1933

UNDERTAKER: Joseph Syfer
(Address): 1616 N. North Ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Asphyxiated	
Elementary Gas	
Leaks	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Gas Range
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner M. D.
(Address) ...

. D. B. 1268-9

E 87254 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87254

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Chapel St. St., 2 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY ANNA WEBER.

(a) Residence: No. 325 S. Chapel St. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
(or) WIFE of Christian Weber.

DATE OF BIRTH (month, day, year) May 19 1855.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7 8	12	

6. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) U.S.

13. NAME Andrew Thaler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Reinhardt.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Andrew C. Weber (Son)

(Address) 325 S. Chapel St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Feb. 4 1933

UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

FILED - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1933, to Jan 31 1933

I last saw her alive on Jan 31 1933 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1-27

Other contributory causes of importance:

Senility	4 days.

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul L. Weaver M. D.

(Address) 30 S. Wolfe

87255 100 B—50L

9 years E 87255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. ST. 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Sanders.

(a) RESIDENCE No Dump, Washington Blvd. & Gwynn Falls. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) Do not know.

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	----------	----------	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Do not know.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.W.D.

(Address)

Filed ..... 192 ..... Registrar

3-1933 MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and mangled by a B. & O. Train.
Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

2/1/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Public Cemetery

DATE OF BURIAL Feb 3 1933

20 UNDERTAKER

ADDRESS

Deputy Commissioner Health.

H. D. B. 1268-9

87256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87256

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 W. Pratt St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Perkins

(a) Residence: No. 820 W. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT .....

(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Feb 3 1933

UNDERTAKER Commissioner of Health.

(Address) Hunterstown Pa.

FILED Feb 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller M. D.

Coroner

(Address) 233 Eastern Ave.

H. D. B. 1268-9

E 87257

87257 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Provident Hosp St., 17-81 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul White

(a) Residence: No. 926 Walmer St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible]
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) [illegible]
(State or country)

INFORMANT Provident Hosp Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Md College Date 19 33

UNDERTAKER [illegible]
(Address)

FILED ..... 19 33 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd Degree Burns	
Complicated by Lung Infection	3 Days

Other contributory causes of importance:

Name of operation Regular Date of ... 19 ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? 926 Walmer St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home not given

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lurk Coroner, M. D.

(Address)

M. D. B. 1268-9

87258 E 87258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 E. 28 St. St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Murphy

(a) Residence: No. 1500 E. 28 St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Murphy

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 66 Yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) County Wexford Ireland

MOTHER FATHER

13. NAME Patrick Hennessy

14. BIRTHPLACE (city or town) (State or country) County Wexford Ireland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John J. Abell
(Address) 1500 E. 28 St.

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cemetery Date Feb 6th, 1933

19. UNDERTAKER Elmer W. Conklin
(Address) 1424 E. Eager St.

20. FILED FEB 3 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1932 to 2/2, 1933.

I last saw h[illegible] alive on 2/2/33. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Cerebral Hemorrhage	about 9 yrs
Hypostatic Pneumonia	7 days

Other contributory causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Bernard Lyons M. D.

(Address) 1216 E. Calvert St

Resident 2/3/33

M. D. B. 1268-9

E 87259

87259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. moa. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Schmidt

(a) Residence: No. 1123 Ostend St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Schmidt

6. DATE OF BIRTH (month, day, year) DEC. 7 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Geo. F. Lighthiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Pritchard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 6 1933

19. UNDERTAKER John A McJan

(Address) 3000 E. Balto St.

20. FILED 1933 Feb 6 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1933 to 2-2 1933

I last saw her alive on 2-2 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1-1-33
Other contributory causes of importance:	
Diabetes mellitus	?

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

2-2-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

Spec.—9-30—A. & Co.—250 Blks.

87260 HEALTH DEPARTMENT—CITY OF BALTIMORE 87260

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 E. Oliver ST. 8-01 WARD)

2-FULL NAME Mary Florence Personette

(a) RESIDENCE NO. 2527 E Oliver ST.. .....WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 1 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced (or) WIFE of: Edgar Personette

7 DATE OF BIRTH (month, day, and year): Dec 3 1884

8 AGE: Years 48 | Months 1 | Days 19 20 | If LESS than 1 day, ...hrs. or ....min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Samuel Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Florence Hark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Edgar Personette
(Address) 2527 Oliver St

FEB 3 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2-1933

17
I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 2, 1933
that I last saw her alive on Feb 1, 1933
and that death occurred, on the date stated above, at 3 15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Acute Rheumatic Fever

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward S. Lovell M. D.
2/3, 1933 (Address) 413 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 2/4/33

20 UNDERTAKER: George J Pratt Jr

ADDRESS: 1535 Harford

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7261

CERTIFICATE OF DEATH

V E 87261

1. PLACE OF DEATH Pronounced dead at 164-001

CITY OF BALTIMORE: (No. Hopkins Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Rostek

(a) Residence: No. 227 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rostek

DATE OF BIRTH (month, day, year) 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heiskittle & Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Ida Rostek

(Address) 202 S. Register St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Feb 14 1933

UNDERTAKER George E Weber

(Address) 1625 E Fairmount Ave

FILE 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at about 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/2/33

Where did injury occur? 227 S. Chester St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas tube from stove in

Nature of injury mouth.

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Mayer Coroner, M. D.

(Address) 508 E Fayette

M. D. B. 1268-9

7262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87262

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Lakewood Ave. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Huether

(a) Residence: No. 121 N. Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Huether

6. DATE OF BIRTH (month, day, year) Aug 18/1868

7. AGE: Years 64; Months 5; Days 13 14; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Leonard Burkheimer

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Minnie —

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Louis Huether
(Address) 121 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Luther- Date Feb 6/33

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

20. FILED ..... 19 .....

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Feb 2 1933

I last saw her alive on Feb 2 1933. Death is said to have occurred on the date stated above, at 3 33/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure)	
Chr. Myocarditis —	4 yr.
Elephantiasis (Gravity - weight 400 lbs)	2 yrs
Other contributory causes of importance:	
chr. nephritis	6 mos

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19 —

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Louis F. Baumann M. D.

(Address) 722 N. Kenwood Ave

M. D. B. 1268-9

87263

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 87263

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2006 E. Jefferson st (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Long

(a) Residence: No. 2006 E. Jefferson st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kasper Long

6. DATE OF BIRTH (month, day, year) July 3/1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

PERSONAL AND STATISTICAL PARTICULARS

13. NAME Ehrlicher

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Ernest Meinfelder

(Address) 2010 Orleans st

18. BURIAL, CREMATION, OR REMOVAL Date Feb 4/33 19

Place Fernwood

19. UNDERTAKER Philip Herwig

(Address) 2016 Orleans st.

20. FILED [illegible] 19 [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Feb 2 1933

I last saw h[illegible] alive on Feb 1 1933 Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	17 yr
Other contributory causes of importance:	
Cerebral Hemorrhage	2 Day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward [illegible] M. D.

(Address) 413 N [illegible]

M. D. B. 1268-9

87264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87264

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital St. 8-ol Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Holbrunner

(a) Residence: No. 2426 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Calvin Holbrunner

7. DATE OF BIRTH (month, day, year) May 22, 1857

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jacob Holbrunner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Horney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daughter

(Address) 2426 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cem. Date Feb. 7, 1933

19. UNDERTAKER Powell & Belanger

(Address) Woodstock, Md.

20. FILED Feb 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1933 to Feb 3rd, 1933. I last saw h alive on Feb 3rd, 1933. Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dissecting Aneurysm Ruptured	Feb 2nd 33
Other contributory causes of importance: Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin M. Bruce, Jr. M. D.

(Address)

1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87265 E 87265

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Memorial Hosp. St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 6 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Jean Peddicord

(a) Residence: No. 1140 N. Monroe St. St., ..Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 15, 1932

8. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	0	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Peddicord

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruth White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Wm. Peddicord

(Address) 1140 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Feb 3, 1933

19. UNDERTAKER

(Address)

FILED 1933 Huntington Wilson Funeral Home

0128

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1933, to Feb 2, 1933.

I last saw her alive on Feb 2, 1933. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 6, 1933
Other contributory causes of importance:	
Otitis media	June 22 '33

Name of operation ..Date of ..

What test confirmed diagnosis? ..Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Spence, Jr., M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87266

CERTIFICATE OF DEATH

11-002

E 87266

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2037 Calvert St. 12-01 (Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alice A Van Denker

(a) Residence: No. 2037 Calvert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
(or) WIFE of Albert H Van Denker

ATE OF BIRTH (month, day, year) [illegible] 1860

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME John Dorsey

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

13. MAIDEN NAME Mary Bernard

14. BIRTHPLACE (city or town) (State or country) Maryland

15. INFORMANT Mrs Bell
(Address) 2037 N Calvert St

16. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Feb 4 1933

17. UNDERTAKER W. W. Heufield
(Address) 5[illegible] Huntington Ave, Md

18. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1933 to Feb. 2 1933

I last saw h[illegible] alive on Feb. 1 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation, acute	Sudden
Other contributory causes of importance: Influenza	1-26-33

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Finlo, M. D.

(Address) 1120 St Paul

I. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87267 E 87267

CERTIFICATE OF DEATH

V 137

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Pertniz (Peter Pertniz) (2225 Lamley St.)

(a) Residence: No. 2225 Lamley St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Pertniz

DATE OF BIRTH (month, day, year) June 29, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1918

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) Austria (State or country) Hungary

13. NAME Mr. Pertniz

14. BIRTHPLACE (city or town) Austria (State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Austria (State or country)

INFORMANT Miss Mary Pertniz (Address) 2225 Lamley St.

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb. 6 19 33

UNDERTAKER Joseph F. Cook (Address) 1003 W. Baltimore St.

FILED 1933 Huntington Williams, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1933 to February 3, 1933

I last saw h[illegible] alive on Feb 3, 1933 Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Agonal)	Feb 1
Uremia (Agonal)	Jan 25

Other contributory causes of importance:

Prostatic hypertrophy

Purulent Cystitis

Bilateral Pyelo-Nephritis

Name of operation None Date of

What test confirmed diagnosis? Heart Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Cohen, M. D.

(Address) Sinai Hosp.

Spec.—9 30—A. & Co.—250 Bks.

87268 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87268

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3800 Dorchester Road ST. 45 WARD 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma E. Moss

(a) RESIDENCE NO. 3800 Dorchester Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

3 COLOR OR RACE: W

4 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward A. Moss

DATE OF BIRTH (month, day, and year): Mar 25-1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	10	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Robert Fultz

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lucy Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs Emma Buettner

(Address): 3800 Dorchester Road

1933 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3-1933

17

I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932 to Feb. 3, 1933

that I last saw her alive on Feb. 2, 1933

and that death occurred, on the date stated above, at 4:20 a m.

The CAUSE OF DEATH* was as follows:

Carbuncle (Extensive) Infecting entire back of Neck

(duration) yrs. 2 mns. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 1 year Gall Bladder Infection several Attacks

(duration) yrs. mns. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Incision under Local at Home

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Otis Bayley M. D.

Feb 3 1933 (Address) 2805 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemt

DATE OF BURIAL: Feb 6 1933

20 UNDERTAKER: Peter Gloe

ADDRESS: 2224 N. Charles St

AACo. 5-31 250B

(Mazel)

HEALTH DEPARTMENT—CITY OF BALTIMORE

87269

CERTIFICATE OF DEATH

131 ✓ E 87269

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 1/2 W. Lombard St.) (18 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mazel

(a) Residence: No. 554 1/2 W. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adam Mazel.

DATE OF BIRTH (month, day, year) 1831

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	102			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Stoner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lutzmania

13. NAME Louis Budas

14. BIRTHPLACE (city or town) (State or country) Lutzmania

15. MAIDEN NAME Louis Budas

16. BIRTHPLACE (city or town) (State or country) Lutzmania

INFORMANT Helen Shoestring

(Address) 554 1/2 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 6 1933

UNDERTAKER J. A. Williams & Sons

(Address) 103 S. Hanover St. Huntington Williams, M.D.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932 to Feb 3, 1933 I last saw h alive on Feb 3 1933 death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	11/1/32
Other contributory causes of importance:	
Chronic Arteriosclerosis	

Name of operation none. Date of

What test confirmed diagnosis? Clinical, there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. Norton, M. D.

2/3/33 (Address) 588 W. Lombard St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87270 E 87270

CERTIFICATE OF DEATH

V 47

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirm. St. [illegible] Ward [illegible])

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jones

(a) Residence: No. 614 N. Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Vessie R Jones

DATE OF BIRTH (month, day, year) Sept 12/1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employment Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible] | 11. Total time (years) spent in this occupation [illegible]

BIRTHPLACE (city or town) (State or country) Talbott Co., Md.

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Talbott Co Md

15. MAIDEN NAME Margaret Jennings

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. P. Zeisler (Daughter)
(Address) 2100 Allendale Road.

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 4th 1933

UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to ..... . 19 .....

I last saw h alive on ..... . 19 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	6/1 33

Other contributory causes of importance:

Bronchopneumonia	1/21/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Mason M. D.
Coroner

(Address) 506 E North Ave

M. D. B. 1268-B

87271

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87271

CERTIFICATE OF DEATH

131 ✓

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 Highland Ave St. 29 Ward 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosanna Drinker

(a) Residence: No. 729 Highland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Drinker

6. DATE OF BIRTH (month, day, year): June 21, 1857

7. AGE: Years 75 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York N.Y.

13. NAME: John MacCalla

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Anna Shoemaker

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Anna Drinker

(Address) 729 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New York N.Y. Date Feb 4th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED 1933 Huntington Pittsburgh Pa.

R. P. I.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Feb 3, 1933

I last saw h[er] alive on Feb 3, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronarism	2 yr
a of right	2 yr
a Myocarditis	2 yr
Other contributory causes of importance Cerebral Hemorrhage	1 dy

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Sir W Bigby M. D.

(Address) 521 Sherbrooke

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87272

CERTIFICATE OF DEATH

94-002 E 87272

1. PLACE OF DEATH B & O R R Office

Registered No. .....

CITY OF BALTIMORE: (No. Charles & Baltimore St., 12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. O'Neill

(a) Residence: No. Hopkins Apt 31 St. Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President B & O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Guards

10. Date deceased last worked at this occupation (month and year) Feb 2 1933

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Clarence Kell

(Address) 3618 W. Glen Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Feb 6 1933

UNDERTAKER Henry H. Jenkins Sons Co

(Address) Cathedral & Centre Sts

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on Feb 1st Death is said to have occurred on the date stated above, at 4 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus Sudden	2.2.33
Other contributory causes of importance: Sclerosis of Coronary Artery	about 2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Fenton M. D.

2/3/33 (Address) 700 E Chase Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87273

CERTIFICATE OF DEATH

E 87273

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 11 - 04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Henry Penn Albert

(a) Residence: No. 1028 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 4/32

AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Hollis Albert

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ramona Penn

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Hopkins Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 4, 1933

UNDERTAKER Henry Wenken Sons
(Address) Calvert & Centre Sts.

FILED Feb 4, 1933 Huntington Williams, N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. J. Kaiser, M. D.
Coroner

(Address) 508 E. Fort Ave

M. D. B. 1268-9

E 87274 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87274

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Severn Apartments St., 11-84 (Ward)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jacob Thomsen

(a) Residence: No. Severn Apartments St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
Husband (or) ~~Wife~~ of Julia E.A. Thomsen

DATE OF BIRTH (month, day, year) Aug. 28 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Jacob Thomsen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emma Alexa Lilly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT H. Ivah Thomsen Balto.
(Address) 1928 Mt. Royal Terrace Md

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 6 1933

UNDERTAKER Haugh Jenkins & Lee
(Address) Cathedral-Mulberry Sts

FILED 1933 Huntington Whitelaw RFF Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1932 to Feb 3rd 1933

I last saw him alive on Feb 3rd 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Pancreatitis	Dec 1932
Pulmonary Oedema	Feb 3/1933

Other contributory causes of importance:

Arterio-Sclerosis	10 yrs

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. A. Chatard M. D.

(Address) 300 N. Calvert St. Balto Md

Spec.—1-30—M. & T.—250 Blks

87275 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87275

CERTIFICATE OF DEATH. 107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Central ST. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline E. Lang

(a) RESIDENCE No. 1038 N. Central ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of the late Frederick Lang

DATE OF BIRTH (month, day, and year) April 1st 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	10	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Bernard Helbig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Helbig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Mary Helbig

(Address) 1038 N. Central Ave

Filed 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933. to Feb. 3, 1933.

that I last saw h[illegible] alive on Feb. 2, 1933.

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchs - Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Sigl. Litman, M. D.

, 19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb. 6 1933

20 UNDERTAKER Henry Koch Sons, Inc.

ADDRESS 1301 E. Eager St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87276 ✓ 8 E 87276

CERTIFICATE OF DEATH

205-007

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Clinton St & Ft Leland ST., 1-01 WARD)

2-FULL NAME Raymond R Cummings

(a) RESIDENCE NO 717 S Decker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Cummings

6 DATE OF BIRTH (month, day, and year) Jan 6 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31		26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer Work
(c) Name of employer American Agriculture Chemical Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Caroline Lipke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Josephine Cummings

(Address) 717 S. Decker Ave

Filed ..... 192 Huntington Williams, N.T. Registrar

B4-1033

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

due Accidental Caused by Electric Trust (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Jeffery M.D., M. D. Coroner

, 19 (Address) 130 N. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL Feb 6 1933

20 UNDERTAKER Stephen J. Walker

ADDRESS 1000 N. Kenwood Ave

M. D. B. 1268-9

87277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87277

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dawson St. 17-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Estella

(a) Residence: No. 640 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 25 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME M Reed

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME M Reed

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Irene Pierce

(Address) 640 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Iron Cem Date Feb 6 1933

UNDERTAKER Joseph A Lewis

(Address) 409 N. Mount Street

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1933 to 2-3 1933

I last saw her alive on 2-3 1933 Death is said to have occurred on the date stated above, at 10.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-1-33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify M

(Signed) E. Harvey M. D.

(Address) Provident Hospital

H. D. B. 1268-9

7278 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87278

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 806 W. Ostend St. 21-01 Ward)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Napoleon Jackson

(a) Residence: No. 806 W. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elzener Jackson

DATE OF BIRTH (month, day, year) — 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 28
12. BIRTHPLACE (city or town) (State or country) St Marys Co Md
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)
INFORMANT Frank Jackson
(Address) 806 Ostend
BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 6 1933
UNDERTAKER Joseph A Lively
(Address) 1191 W. Mount St
FEB 6 1933 Huntington Ave Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/28 1933 to 2/2 1933
I last saw him alive on 2/1 1933 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Lobar Pneumonia	
5 days.	

Other contributory causes of importance:
Chronic Endocarditis

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dan Francis M. D.
(Address) 1111 W Ave

M. D. B. 1268-9

7279 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87279

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb 1-01

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Dixon

(a) Residence: No. 1333 N. Gilmor st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 28, 1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina

13. NAME Ernest Dixon

14. BIRTHPLACE (city or town) (State or country) Wilson North Carolina

15. MAIDEN NAME Hannah Moore

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 4 1933

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

FILED 4-1933 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) February 1 1933

22. I HEREBY CERTIFY, That I attended deceased from December 13 1932 to February 1 1933

I last saw him alive on February 1 1933. Death is said to have occurred on the date stated above, at 7.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Kenneth A. Steen M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

87280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87280

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St. 17-41 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Brown

(a) Residence: No. 212 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry Brown

DATE OF BIRTH (month, day, year): 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) (State or country): N. C.

13. NAME: Mulligan

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: Mulligan

16. BIRTHPLACE (city or town) (State or country): N. Car.

INFORMANT (Address): Harry Brown 212 Druid Hill

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feby 5, 1933

UNDERTAKER: Samuel J. Beasley

(Address): 578 N. Eutaw

FILED FEB 4 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) P. O'Hourk, M. D.

Coroner

(Address) Coroner

pec.—2-29-28—L. F. S.—500 Bks.

Smith ✓

87281

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87281

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Druid Hill Ave. ST. 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Smith

(a) RESIDENCE NO. 1136 Druid Hill Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ledgers Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Elizabeth Smith

(Address) 1136 Druid ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-33

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1932, to Feb. 2, 1933,

that I last saw her alive on Feb. 2, 1933

and that death occurred, on the date stated above, at 12:05 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Insterstial Nephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H White, M. D.

2/3, 1933 (Address) 1021 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2/6 1933

20 UNDERTAKER Samuel F Hemsley

ADDRESS 578 W Biddle St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87282 E 87282

98

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Simms

(a) Residence: No. 1102 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Chas E Simms

DATE OF BIRTH (month, day, year) 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Addison

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Maude Simms

(Address) 1209 Division St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feby 6 1933

UNDERTAKER Samuel J Douglass

(Address) 578 Pitcher

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany. 23 1933 to Feby. 3, 1933

I last saw h~~e~~r alive on Feby 3 1933 Death is said to have occurred on the date stated above, at 8.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	Jan 23 33

Other contributory causes of importance:

Senile Gangrene of foot & leg None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bradshaw Higgins M. D.

(Address) Provident Higgins

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7283 E 87283

CERTIFICATE OF DEATH

108

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 Whitelock St. 13-91 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Will Steele

(a) Residence: No. 1500 Whitelock St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Steele

DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ohio

12. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mrs. Sarah Steele
(Address) 1500 Whitelock St.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 2-6 1933

UNDERTAKER Samuel T. Hensley
(Address) 578 W. Biddle St.

FILED ... Registrar.

FEB 4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Feb 2, 1933
that I last saw h... alive on ... 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 29 1933

Other contributory causes of importance:

Myocarditis Insufficiency	Jan 1st 1933

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Bosley Cooper, M. D.
(Address) 1517 Eutaw Place

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87284

CERTIFICATE OF DEATH

23 E 87284

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Riggs Ave St. 16-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Antony Knoop

(a) Residence: No. 2717 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia L. Knoop

6. DATE OF BIRTH (month, day, year) Feb 5 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Factory

10. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Herman Knoop

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Rebecca Lawson

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs Julia L Knoop
(Address) 2717 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Feb 4 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 26th 32 to February 1st 1933.

I last saw him alive on February 1st 1933 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary & Renal Tuberculosis	3 yrs. ago
Terminated in Exhaustion	2 dys.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Amalia E Lenk M. D.

(Address) 1717 N. Carrollton St.

M. D. B. 1268-9

87285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87285

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles Apartments. 3333 N. Charles St. St.) (12-91 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. William Oscar Whittle

(a) Residence: No. 3223 St. Paul St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) June 1-1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Jesse Jerome Whittle

(Address) 1527 Penna. Ave. S.E. Wash. D.C

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 4th. 1933

UNDERTAKER Chas. F. Grauel & Son

(Address) 118 W. Mt. Royal Ave.

FILED 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2nd. 1933.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19.....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emil Hoffmann M. D. Coroner

2/3/33 (Address) 3612 Roland Ave.

M. D. B. 1268-9

E 87286 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF ~~Hospital~~ 108 E 87286

1. PLACE OF DEATH — Baltimore City
CITY OF BALTIMORE: (No. Balto. Md St. [illegible] Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver Kemp
(a) Residence: No. 686 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kemp

6. DATE OF BIRTH (month, day, year) Apr. 5 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	- 9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William
14. BIRTHPLACE (city or town) (State or country) Matthews Co. Va

MOTHER

15. MAIDEN NAME Mary —
16. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va

17. INFORMANT Records Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place North Point Wks Va Date 2-4 1933

19. UNDERTAKER Samuel Easton
(Address) 516 Pa Ave

Filed FEB 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-33

22. I HEREBY CERTIFY, That I attended deceased from 1-23-33 to 2-1-33
I last saw him alive on 2-1-33 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1-21-33
Other contributory causes of importance: None	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-1-33 (Signed) Elmer Hirshberg M. D.
(Address) Balto. City Hospitals

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87287 87287

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. 3 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachel Leah Hauser

(a) Residence: No. 109 S Ave. Apt. 1 Patapsco Terrace, St. MD Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 28, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	69	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

13. NAME Moses Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Eva Goldberg

(Address) 3913 Bonner Rd.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Feb. 5 1933

UNDERTAKER David Lordkeiva & Son

(Address) 1902 Eutaw Place

FILED Feb 6 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-30-1933 to 2-2-1933

I last saw her alive on 2-2-1933 death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset?
Diabetes Mellitus	?
Diabetic Coma	2-1-33

Other contributory causes of importance:

Arteria - Sclerotic
Myocardial Degeneration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Cohen, M. D.

(Address) South Baltimore Gen. Hosp.

M. D. B. 1268-9

87288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87288

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1812 Bentalou St. 15-01 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Sulka Katzenberg

(a) Residence: No. 1812 Bentalon St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Henry Katzenberg.

DATE OF BIRTH (month, day, year) Sept - 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baden-Baden Germany.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Baden-Baden Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baden Baden Germany

INFORMANT Mrs. D. Katzenberg

(Address) 1812 N. Bentalou St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date Feb. 5, 1933

UNDERTAKER Harid Sondheim & Son

(Address) 1902 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 - 6 - 1932 to 2 - 3 - 1933

I last saw her alive on 2 - 3 - 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis	1932
Sepsis	
Other contributory causes of importance:	
edema of lungs 2 days.	

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lyman Perrow M. D.

(Address) 220 W. North Ave.

M. D. B. 1263-9

E 87289 HEALTH DEPARTMENT—CITY OF BALTIMORE F 87289

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert Alexander Weinberg

(a) Residence: No. 1639 N. Appleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Weinberg

6. DATE OF BIRTH (month, day, year) Aug 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Illinois

FATHER

13. NAME Alexander Weinberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew
Place Balto Hebrew Cem Date Feb 5, 1933

19. UNDERTAKER Levi Frederick & Son
(Address) 1702 Eutaw Place

20. FILED Huntington Pilliard, M.D. Registrar.

FEB 4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1933, to 2/3, 1933

I last saw him alive on 2/3, 1933. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	20 hrs.
Generalized peritonitis	
Other contributory causes of importance	
Hemangioma Left Cerebrum	1 yr?

Name of operation Bilateral Trephine Date of 1/21/33

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Gerstman, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 87290

87290

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S Fulton ave Ward) 20-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall Brinker

(a) Residence: No. 104 S Fulton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) April 11 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ellendale Sussex Co Del

13. NAME Augustus Brinker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary E McCauley

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Mary E Brinker

(Address) 104 S Fulton Ave

BURIAL, CREMATION, OR REMOVAL Interment

Place Mt Olivet Cemetery Date Feb 6 1933

UNDERTAKER George L Lovell

(Address) 1532 Harlem

Filed Feb 4 1933 Thurston Wilson A.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Feb 3 1933

I last saw her alive on Feb 3 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Two years

Other contributory causes of importance:

Name of operation Carcinoma of Bladder Date of Operation

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Walter A Orr, M. D.

(Address) 54 Fulton Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87291

E 87291

CERTIFICATE OF DEATH

REGISTERED NO. 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Waisel St. ST. 25-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E. Herd.

(a) RESIDENCE NO 2127 Waisel St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 7, 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	27	

8a OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Herd.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ellen Birmingham.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ellen Herd. (mother)

(Address) 2127 Waisel St.

15 Filed ... 193... Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ingnition Fever.
Broncho-pneumonia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) ... Coroner, M. D.

2/8/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Feb 4 1933

20 UNDERTAKER J. Vernon Keehner

ADDRESS 1532 Hollins St

M. D. R. 1268-9

87292

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 87292

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Winchester St St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida E Freeman

(a) Residence: No. 2915 Winchester St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Freeman

6. DATE OF BIRTH (month, day, year) Aug 5 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53	5 28	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeping house

10. Date deceased last worked at this occupation (month and year) 1-1-33

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) City
(State or country)

FATHER

13. NAME Conrad Herpell

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Maul

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Henry H Freeman
(Address) 2915 Winchester

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-6-33 19

19. UNDERTAKER F. Vernon Kuhner
(Address) 1532 Pulaski St

20. FILED 2-6-1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 2 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to 2-2-33, 19..... 19.....

I last saw her alive on 2-2-33, 19..... Death is said to have occurred on the date stated above, at 1.15 P M

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma Stomache	2 yrs
Other contributory causes of importance: Haemorrhage	2 hrs

Name of operation Nome Date of No

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. A Fetterolf M. D.

(Address) 3400 Walbrook Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87293

CERTIFICATE OF DEATH

23 E 87293

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Byrd St. St. 24-21 Ward)

Length of residence in city or town where death occurred yrs life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer P. Strobel

(a) Residence: No. 1711 Byrd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 12- 1913

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
19	9 8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Strobel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth Koegel

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs Elizabeth Strobel
(Address) 1711 Byrd St,.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 6th 19 33

UNDERTAKER Wendell P. Humphreys
(Address) 1501 N. Broadway Huntington Hospital, N.Y.

FILED 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 32 to Feb 3, 19 33

I last saw him alive on Feb 2, 19 33 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H. Graham, M. D.

(Address) 3100 Harford

M. D. B. 1268-9

87294 HEALTH DEPARTMENT—CITY OF BALTIMORE

1,108 E 87294

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Providence Hospital

CITY OF BALTIMORE: (No. 1514 Dumont St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Hillery

(a) Residence: No. 1012 W Stricker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Cal	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4 mo		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

INFORMANT Catherine Hillery

(Address) 1012 W. Stricker St

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Feb 7 1933

UNDERTAKER Jere H. Hughes

(Address) 1726 N. Eutaw St.

FILED Feb 8 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1933 to 2-3-33 1933

I last saw h alive on 2-3 1933. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-26-33

Other contributory causes of importance:

None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. Harris M. D.

(Address) Providence Hospital

M. D. B. 1268-B

87295

HEALTH DEPARTMENT—CITY OF BALTIMORE

87295 X V E 87295

CERTIFICATE OF DEATH

124-001

Registered No.

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Ennis Jr.

(a) Residence: No. 505 Clark Ave, Pocomoke City, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Chas E. Ennis

6. DATE OF BIRTH (month, day, year) May 21 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9	13.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post office

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Chas E. Ennis

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Guthrie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT W. James Ennis

(Address) 318 E. Univ. Pkwy, Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke City Date 2-7- 1933

19. UNDERTAKER Bernard Stevenson Funeral Home

(Address) Pocomoke City, Md.

20. FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4. 1933.

22. I HEREBY CERTIFY, That I attended deceased from 1. 28. 1933. to 2. 4. 1933.

I last saw him alive on 2. 4. 1933. Death is said to have occurred on the date stated above, at 2:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Dec 15
Other contributory causes of importance: Uremia	

Name of operation Exploration & Omentopexy Date of 1.31.33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) Union Memorial Hosp.

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87296

CERTIFICATE OF DEATH

92-001

E 87296

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 E. Federal St., 8-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Magdaline Buettner

(a) Residence: No. 2203 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Buettner

DATE OF BIRTH (month, day, year) Nov. 2nd 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Adam Zeidler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalene Zeidler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lizzie Smith

(Address) 2203 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 6. 1933

19. UNDERTAKER Geo M. Smith & Son

(Address) 811 N. Howard St

Filed ..., 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to July 2, 1933

I last saw her alive on July 1, 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation & Stenosis (Rheumatic)	Aug
Acute Cardiac Dilatation	July 20

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. Ned Murphy M. D.

(Address) 520 N. Patterson Park Ave

AACo. 5-31 250B

E 87297 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87297

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1108 N. Carey St., 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. Clee Calaman Atkins

(a) Residence: No. 1108 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of George Atkins

DATE OF BIRTH (month, day, year) Feb 25-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

13. NAME of unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Wm. Ella Samuels

(Address) 1129 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Feb 6 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 5-1933 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1933 to Feb 3rd 1933

I last saw her alive on Feb 3rd 1933 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/1/33
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. A. E. Bell M. D.

(Address) 703 N. Gilmor St

E 87298

D. 87298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 18-01 Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. USUAL RESIDENCE

(a) Residence: No. 948 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Albert Gaithes

7. DATE OF BIRTH (month, day, year): 1889-Aug 6

AGE — Years: 43 — Months: 6 — Days: 27 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): Dec 32

11. Total time (years) spent in this occupation: 20 yrs

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John V. Dunn

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Ft Bragg N C

INFORMANT: Albert Gaithes

(Address): 948 W Saratoga

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: Feb 6 1933

UNDERTAKER: Thomas E. Kelson

(Address): 1203 Pressman St.

FILED: Feb 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3rd 1933

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Accidental Suffocation due to fire in home — Date of onset

Other contributory causes of importance: Cause unknown

Name of operation ..... Date of .....

What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury occurred ..... 19.....

Where did injury occur? 948 W. Saratoga (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: home

Manner of injury: Fire

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. O. Link Coroner M. D.

(Address) Coroner

E 87299

H. D. B. 1268-9

E 87299 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 Druid Hill St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Finley

(a) Residence: No. 2034 Druid Hill St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1879

AGE Years 53 | Months | Days | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ft Worth Texas

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mary Brooks

(Address) 2034 Druid Hill

BURIAL, CREMATION, OR REMOVAL

Place Friendship Cemetery Date Feb 5 1933

UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston st.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on Feb 3 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leslie Hooper Coroner M. D.

(Address)

M. D. S. 1934

E 87300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87300

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St., 16-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Sykes, (Carlton Ave)

(a) Residence: No. 306 N. Carrsitton St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sykes

6. DATE OF BIRTH (month, day, year) Apr. 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Bayinar Sykes

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jennie Short

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rec'd Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loretto Cemetery 2-5-33, 19..
Place Rosedale

19. UNDERTAKER Joseph Rice & Son
(Address) 1439 E. Baltimore St.

20. FILED ..... 19.. Lillian Pittinger
5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-33

22. I HEREBY CERTIFY, That I attended deceased from 1-30-33, 19.., to 2-4-33, 19..

I last saw him alive on 2-4-33, 19.. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocarditis Chronic	
b.	
c.	
d.	

Other contributory causes of importance:

acute myocardial insufficiency	1-28-33
arteriosclerosis	?
Hemorrhage into left internal capsule	11-1-31

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

2-4-33 (Signed) Elmer Highberger M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

7301 HEALTH DEPARTMENT—CITY OF BALTIMORE 7301

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 20 yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Baider

(a) Residence: No. 217 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) July - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 39	-7	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Louis Baider

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Police Hospital JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Northern Ave Cem Date 2-5 1933

19. UNDERTAKER Jack Lewis Inc
(Address) 1439-41 E. Baltimore St

20. FILED 5-1933 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-18- 1933 to 2-3- 1933

I last saw him alive on 2-2- 1933 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 1933
Malaria	1930

Other contributory causes of importance:

Bronchopneumonia	Jan 1933
Emphysema	

Name of operation Bronchoscopy Date of 1-31-33

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. H. Greene M. D.

(Address) [illegible]

1-30—M. & T.—100 B—50L

E 87302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87302

CERTIFICATE OF DEATH

178-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9 W. Franklin ST., H-01 (WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M. Callaghan

(a) RESIDENCE NO 9 W Franklin ST., WARD Penna

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Callaghan

6 DATE OF BIRTH (month, day, and year) June 8 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer unemployed 1930

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Callaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Annie Stined

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Lutz Funeral Home (Address) Reading Pa.

15 Filed 5-4 1933 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating gas - suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mental deficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 9 W Franklin

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None Left

(Signed) James M Fenlon, M. D. Coroner

2/4 1933 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reading Pa

DATE OF BURIAL 2/5 1933

20 UNDERTAKER J M Cook

ADDRESS 1215 Pond St

1-30—M. & T.—100 B—50L

7303

E 87303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Howard Nossick.

(a) RESIDENCE NO 522 Richwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Bessie Nossick.

6 DATE OF BIRTH (month, day, and year) February 11, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	11	22 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baltimore City 02
(b) General nature of industry, business, or establishment in which employed (or employer) Fireman.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James Nossick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Wesley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Bessie Nossick. (wife)
(Address) 522 Richwood Ave.

15 Filed ..... 192 ..... Registrar

5-1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Sulphuric Acid poisoning.
Suicide.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No 42 Engine, Lyman & Kellona

Did an operation precede death? No. Date of February 2, 1933

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt X M. D.
Coroner

2/8/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral — DATE OF BURIAL: Feb. 6 1933

20 UNDERTAKER: Charles J. Stevens — ADDRESS: 1801 E. Fayette

87304

268912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87304

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 31 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Joseph G. Hart

(a) Residence: No. 246 - 83rd St., St., Brooklyn, Ward. New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Wallace

6. DATE OF BIRTH (month, day, year) 3/31/90

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Eng

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER FATHER

13. NAME James Hart

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria Grogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New York City Date 2/5 1933

19. UNDERTAKER Henry G. Myers and Son

(Address) 505 N. Calvert St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to Feb 5 1933

I last saw him alive on Feb 5 1933 Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pulmonary	Jan 1932

Other contributory causes of importance:

Nephrosis, arthritis secondary anemia, Myocardial failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ralph J. Hills M. D.

(Address) Johns Hopkins Hospital

3-1933

via Penn. Railroad - Escort - Mrs. Grace C. Hart

M. D. B. 1268-9

87305

HEALTH DEPARTMENT—CITY OF BALTIMORE

87305

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 668 W Lexington St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan B Dehn

(a) Residence: No. 668 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis T Dehn

6. DATE OF BIRTH (month, day, year) Feb. 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	2019	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Thomas Clondsley

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Arabella Boswell

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Arabelle Vest

(Address) 668 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 6, 1933

19. UNDERTAKER Wm J Tuchner & Sons

(Address) Hanover Pa

FILED Feb 5 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Feb 4, 1933

I last saw h[illegible] alive on Feb 3, 1933 Death is said to have occurred on the date stated above, at [illegible] m.,

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Cardiac Dilatation	2 days
Other contributory causes of importance: Senile myocardial Arteriosclerosis	6 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Hoffman M. D.

(Address) 6 E Lexington St

M. D. B. 1268-9

87306 E 87306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Belnord St., 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William P. Starkey

(a) Residence: No. 410 N. Belnord St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Starkey

DATE OF BIRTH (month, day, year) Sept 21/1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME James Starkey

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Theresa Hillenbrant

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Mrs. Lena Starkey
(Address) 410 N. Belnord St

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 6. 1933

UNDERTAKER C. A. Moran
(Address) 3000 E. Balto. St

FILED 2-6-1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at before 5:00 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 2/3/33, 19.....

Where did injury occur? 410 N. Belnord
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home. Hung himself to joist in cellar

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Kuper, Coroner, M. D.

(Address) 708 E Monument

M. D. B. 1268-0

E 87307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87307

V

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 508 N. Chester st St., 7-01 Ward)
Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick L. Pagano
(a) Residence: No. 508 N. Chester st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 15/1882

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Molder
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER
13. NAME Vincent Pagano
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Anastasia
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anastastia Pagano
(Address) 508 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 6/33 19

19. UNDERTAKER Philip Herring
(Address) 206 Orleans St

20. FILED ... 19 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3/33

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Feb 3 1933
I last saw him alive on Feb 2 1933 Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1/32
Other contributory causes of importance:	
Endocarditis	Jan 10/33

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify No.

(Signed) ... M. D.
(Address) ...

M. D. B. 1268-0

E 87308 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87308

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Patt Pk. Ave St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Bauer

(a) Residence: No. 1113 N. Patt. Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Signel

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 16/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Mathais Bauer

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Fredricka

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Minnie Bauer
(Address) 1113 N. Patt. Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto, Cem. Date Feb 6/33

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

20. FILED Feb 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Feb 2 1933

I last saw her alive on Feb 2 1933. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	10 yrs.
Chr. nephritis	10 yrs.
Uraemia	2 days.
Other contributory causes of importance:	
Diabetes Mellitus	10 yrs.

Name of operation — Date of —

What test confirmed diagnosis? Urine & Physician Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis B. Brunner M. D.

(Address) 727 N. Kenwood Ave.

M. D. B. 1268-6

87309 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87309

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland General Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-61 Ward)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred E. Shaw

(a) Residence: No. 2005 Cecil Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Shaw

6. DATE OF BIRTH (month, day, year) Nov 21 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 603

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Refiner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER FATHER

13. NAME Robert Shaw

14. BIRTHPLACE (city or town) Easton (State or country) Talbot Co.

15. MAIDEN NAME Margaret Akers

16. BIRTHPLACE (city or town) Easton (State or country) Talbot Co.

17. INFORMANT Mrs. Rose Shaw
(Address) 2005 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Feb 4 1933

19. UNDERTAKER Philip Herwig
(Address) 2016 Pleasant St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1933 to 2-3, 1933

I last saw him alive on 2-3, 1933 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cardio-Renal-Vascular Disease	

Other contributory causes of importance:

Uremia	
Hypertrophied Prostate	

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Bauer M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

87310

E 87310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tudor Hall Apts St. 12-61 (Ward)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth 76 yrs. 2 mos. 8 ds.

2. FULL NAME Sallie Carroll Brown

(a) Residence: No. Tudor Hall Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabel M Brown

DATE OF BIRTH (month, day, year): Nov 25 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

13. NAME OF FATHER: John Carroll

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Lucy Garrison

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Mr. J Marshall Brown Jun

(Address): Tudor Hall

BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Cem Date: Feb 6 19 33

UNDERTAKER: Steuart Mfg Co

(Address): 1810 Mt Royal Ave

FILED: Feb 6 19 33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to Feb 2 1933

last saw her alive on Feb 2 1933. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Oct '32
Other contributory causes of importance:	
Fibrillating auricles	1930

Name of operation: — Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1403 Park Av

M. D. B. 1268-9

311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87311

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 26-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Snack

(a) Residence: No. 426 N. Clinton st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Snack

6. DATE OF BIRTH (month, day, year) March 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 650

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Lawrence Snack

14. BIRTHPLACE (city or town) (State or country) Maryland ?

15. MAIDEN NAME Blanche Addison

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/6/33, 19

19. UNDERTAKER Bernard C. Haile

(Address) 1000 Paca St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1933 to February 4, 1933

I last saw him alive on February 4, 1933 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stein M. D.

(Address) Baltimore City Hospitals

E 87312

26932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87312

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-01 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grant Harris

(a) Residence: No. 222 S Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year): 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. Car

MOTHER / FATHER

13. NAME: Samuel Harris

14. BIRTHPLACE (city or town) (State or country): N Car

15. MAIDEN NAME: Jenny Green

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Cem. Date 2/6/33 19

19. UNDERTAKER: Eden Bryan

(Address) 1631 Eutaw St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to Feb 2, 1933

I last saw him alive on Feb 2, 1933 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 20? 1933

Other contributory causes of importance:

(Arteriosclerosis)	
Hypertension	

Name of operation: None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R Tyndley Pator M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

E 87313 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87313

56

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Bal Gen Hosp St., ... Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U.S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Beatrice Conrad

(a) Residence: No. 3204 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, year) 6-10-32

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Dorothy Conrad

14. BIRTHPLACE (city or town) Balto (State or country) Md.

15. MAIDEN NAME Dorothy Hayes

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Dorothy Conrad
(Address) 3204 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Date 2-6, 1933

19. UNDERTAKER Leonard Roach
(Address) 1205 Harford Rd

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933, to Feb 4, 1933
I last saw h... alive on Feb 4, 1933 death is said to have occurred on the date stated above, at 12 55 m AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Rheumatic fever	2
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mathilde Mansfield, M. D.
(Address) West Balt Gen Hosp.

H. D. B. 1268-9

87314 HEALTH DEPARTMENT—CITY OF BALTIMORE 87314

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Bichmann

(a) Residence: No. 2405 Elsinor Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 20, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	14 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME George Bichmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosina Mohr

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Charles P. Morningstar

(Address) 2405 Elsinor Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 6, 19 33

UNDERTAKER Joseph B. Cook

(Address) 1007 W. Baltimore St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw her alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Pulmonic Nephritis	
Chronic Endocarditis	

Other contributory causes of importance: Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) North Ave & Division St.

M. D. S. 1934

87315

E 87315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2688 F 5 Ped

✓ 107-001

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. 11-01 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Brown Jr.

(a) Residence: No. 1203 Orchard St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 18, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8 9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Sadie Claw

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carlton Cem Date 1-6 1933

19. UNDERTAKER Dement Easton
(Address) 926 Pa Ave

FILED 1-6 1933

Registrar

86-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Feb 4, 1933

I last saw alive on Feb 4, 1933 Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 15 33
Other contributory causes of importance:	
Acute intestinal dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

E 87316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N. Carey St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Green

(a) Residence: No. 243 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of New Born

6. DATE OF BIRTH (month, day, year) Jan. 30, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Green

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Lorraine Pack

16. BIRTHPLACE (city or town) Jones (State or country) Maryland

17. INFORMANT Lorraine Green
(Address) 243 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 1—5 1933

19. UNDERTAKER Lemmon Carlson
(Address) 916 Pa ave

20. FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1933 to Feb 3 1933

I last saw h~~im~~ alive on Feb. 2 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	Jan 30

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward W. Green M. D.

(Address) Emergency Hospital

87317

E 87317.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 93-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Cassard

(a) Residence: No. 1006 Roland Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma (dead) 1858

6. DATE OF BIRTH (month, day, year) Sept 6, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery 086

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wilby Cassard S. C.

FATHER

13. NAME Wyley Cassard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas Cassard
(Address) 1006 Roland Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys (Hampden) Date Feb 8th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED Feb 10th 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933 to Feb 5, 1933

I last saw h[illegible] alive on Feb 5th 1933. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2 1/2 d

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T Pragell M. D.

(Address) Baltimore City Hosp

1933

AACo. 5-H 250B

87318 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87318

CERTIFICATE OF DEATH

167-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 McKean Ave St. 16-01 Ward)

Length of residence in city or town where death occurred No yrs. 8 mos. 9 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Elizabeth Buckley

(a) Residence: No. 1107 McKean Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

7. DATE OF BIRTH (month, day, year) May 27, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0 No	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Henry Buckley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Eleanor Johanna Trott

16. BIRTHPLACE (city or town) (State or country) Minneapolis Minnesota

17. INFORMANT Charles Henry Buckley

(Address) 1107 McKean Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Interment Date 2/7, 1933

19. UNDERTAKER Wm Cook & Boylan

(Address) 1217 E. Fayette

Huntington, W. Va. 19 ... Registrar.

FILED 2-7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1933 to Feb. 5, 1933

I last saw her alive on Feb. 5, 1933 death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	Jan. 28, 1933
Other contributory causes of importance: Bronchopneumonia	Feb. 2, 1933

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Rendis Wallace, M. D.

(Address) 2839 Wadsworth Ave.

M. D. B. 1268-9

87319

E 87319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Girl Rampello

(a) Residence: No. 10 N. Washington St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-3-32

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Mercy Hosp. (State or country) Balto Md.

FATHER

13. NAME Vincent Rampello

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Presta

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Parents

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date Feby 6 1933

19. UNDERTAKER John J. Higgins & Son

(Address) 1318 Light St

20. FILED Feb 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-3-33, 19..., to 2-3-33, 19...

I last saw h[illegible] alive on 2-3-33, 19... Death is said to have occurred on the date stated above, at 10:26 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. N. Taylor M. D.

(Address) Mercy Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87320

23

87320

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Penitentiary

REGISTERED NO. 10-01

CITY OF BALTIMORE: (No. 954 Forrest ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Coleman

(a) RESIDENCE NO. 954 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca McNeil

DATE OF BIRTH (month, day, and year) Nov 15, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner & Iron Work

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer

BIRTHPLACE (city or town) Norfolk

(State or country) Virginia

10 NAME OF FATHER Monroe Coleman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Preston

13 BIRTHPLACE OF MOTHER (city or town) Rocky Mt.

(State or country) Virginia

Informant Mary Coleman

(Address) 721 Washington Ave Norfolk

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/33

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to January 31, 1933,

that I last saw him alive on January 31, 1933

and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) John F. Aubrey M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Heart

DATE OF BURIAL 2/6/33

20 UNDERTAKER Hollis Funeral Home

ADDRESS 1211 Eutaw

87321

E 87321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Walbrook Ave. St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura V. Roach

(a) Residence: No. 3311 Walbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Roach

6. DATE OF BIRTH (month, day, year) 3/13/1850

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	1 10	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Peckocheck

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Courtney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Wm. F. Roach
(Address) 3311 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 2/6/33 19

19. UNDERTAKER Thos. O. Mitchell & Son
(Address) 1700 Eutaw Place

20. FILED ..... 19 ..... Registrar

36-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 6 1931 to Feb 2 1933

I last saw her alive on Feb 2 1933 Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1920
Other contributory causes of importance: Fall down the stairs	9/19/32
Hypostatic pneumonia	1/30/33

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/19 1932

Where did injury occur? fall down the stairs of her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell down stairs

Nature of injury Laceration of scalp concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd T. Kurtz M. D.

(Address) 3030 Edmondson Ave.

M. D. B. 1268-9

E 87322

E 87322 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Clifton Ave. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline C. Silverwood

(a) Residence: No. 3514 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Silverwood

6. DATE OF BIRTH (month, day, year) Apr. 28. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Utermohle

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Drebbing

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry E. Silverwood
(Address) 3514 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feby 7. 33.

19. UNDERTAKER John C. Mitchell & Sons
(Address) 120 Eutaw Place

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1933, to Feb. 5, 1933

I last saw her alive on 11 4, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/1/23
Senility	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Neer M. D.

(Address) 408 S. Patterson Park Ave.

M. D. B. 1268-9

87323 HEALTH DEPARTMENT—CITY OF BALTIMORE 87323

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Matthews St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Dempsey Sr

(a) Residence: No. 2723 Matthews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Coen

6. DATE OF BIRTH (month, day, year): -1850

7. AGE: Years 83 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Thomas Dempsey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: E Jennings

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs D Lynden

(Address) 2723 Matthews St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemy Date: Feb 6 1933

19. UNDERTAKER: Mary M Woodfield

(Address) 501 E 20th St

20. FILED ... 1933 Huntington Woodfield, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/2/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-11-33. 19 to 2/1/33. 19

I last saw him alive on 2/1/33. 19 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemiplegia
Arteriosclerosis
Senile Asthenia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

2/4/33 (Signed) E Heller Fleming M. D.

(Address) 2000 Hollins St

M. D. B. 1268-9

87324 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 82 E 87324

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S Chapel St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph L. Tang

(a) Residence: No. 211 S Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma L. Tang

DATE OF BIRTH (month, day, year) July 4 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME George Tang

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Francis L. Tang

(Address) 211 S Chapel St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 7 1933

UNDERTAKER Martin E Offel Inc

(Address) 3 E Lanvale St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1933 to Feb 4 1933

I last saw h[illegible] alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia + Cerebral Embolism	Feb 1933

Other contributory causes of importance: General arterio-sclerosis

Name of operation none Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B O Kelly M. D.

(Address) 1009 Linwood Ave

M. D. R. 1284

87325

HEALTH DEPARTMENT—CITY OF BALTIMORE 87325

CERTIFICATE OF DEATH 161-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 W 39th St. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Reilly

(a) Residence: No. 1021 W 39th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year) Dec 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Frank Reilly

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lillian Boston

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Frank Reilly

(Address) 1021 W 39th St

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Feb 6, 1933

19. UNDERTAKER Thompson Son

(Address) 3615-17 Eastern Ave

20. FILED Feb 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1932 to Feb 5 1933

I last saw h. alive on Feb 5 1933 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Morbus Caeruleus	1 hour

Other contributory causes of importance:

7½ mos intra uterine life.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvey Grant M. D.

(Address) 2438 Guilford Ave

M. D. H. 1268-9

87326 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 87326

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 10-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan L. Fratantuono

(a) Residence: No. 1634 E. Pratt St (now at 1304 E. Eager st) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 20 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	8	14 15.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

13. NAME Joseph Fratantuono

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Lucille Fishura

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Joseph Fratantuono
(Address) 1304 E. Eager st

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cemetery Date Feb. 7 1933.

19. UNDERTAKER Walter Davis
(Address) 3418 Eastern Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 , 1933 to Feb 8 , 1933

I last saw her alive on Feb 5, 1933. Death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2 wks
Other contributory causes of importance: Otitis Media - Bilateral	1 week

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Samuel Levin Sinai Hospital M. D.

(Address) ...

M. D. B. 1268-9

87327 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87327

CERTIFICATE OF DEATH

130 V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5023 Palmer Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Payenos

(a) Residence: No. 5023 Palmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 2, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Kostas Payenos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Semini Markopoulos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mr. Kostas Payenos
(Address) 5023 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb 6 33

19. UNDERTAKER Wm. H. Pickett Sons
(Address) North & Pulaski.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1932 to Feby. 4th 1933

I last saw h[illegible] alive on Feby. 4th 1933 Death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Interstitial Nephritis.	5/1/32
	10/31

Other contributory causes of importance:

Typhoid Fever.

J. F. accepted case 10/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Thos. H. Magruder M. D.

(Address) 14 East Read St.

7328-B

E 87328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp'l. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Major Frank Tagart

(a) Residence: No. Windsor Court Apts. 4518 Maketield Rd St., Ward. England

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Frank Tagart

6. DATE OF BIRTH (month, day, year) Mar. 30th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	11 10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired army officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

MOTHER FATHER

13. NAME William Henry Tagart

14. BIRTHPLACE (city or town) (State or country) London, England

15. MAIDEN NAME Lady Patrick Beauford

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Wife Windsor Court Apts - 4518 Maketield Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date Feb 7 1933

19. UNDERTAKER (Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-22-32 19... to 2-5- 19 33

I last saw h[illegible] alive on 2-5- 19 33 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Luetic Heart Disease	
Aortic Insufficiency	

Other contributory causes of importance:

Auricular Fibrillation	1-4-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John M. Spence Jr., M. D.

(Address) Union Memorial Hosp'l

M. D. B. 1268-9

87329

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 10 E 87329

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts.) 18 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Linden

(a) Residence: No. 866 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late George Linden

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ferdinand Schmidt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amanda Coleman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James E. Schmidt

(Address) 3002 W. Lafayette st

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb. 6, 1933

19. UNDERTAKER Harry A. Wittstadt

(Address) 1016 Edmondson Ave

FILED Feb 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to Feb. 4, 1933

I last saw her alive on Feb. 4, 1933. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure — Date of onset ...
while convalescing from — ...
Broncho Pneumonia — ...

Other contributory causes of importance: Broncho pneumonia — Jan 30 ?

Name of operation None. Date of ...

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Marion B. Schreiber M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

87330 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87330

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Druid Hill (Sq.) 48-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roderick H. Chanler

(a) Residence: No. 576 W Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edna L. Chanler

DATE OF BIRTH (month, day, year) Nov 12 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	42	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B. W. Indies

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edna L. Chanler

(Address) 576 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Pl[illegible] Antrim Cemetery Date Feb 6 1933

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave.

FILED Feb 6 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on August 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Cardiac	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Hunt Coroner, M. D.

(Address) ...

M. D. B. 1268-9

Lee Price

87331 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87331

CERTIFICATE OF DEATH

+ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. General Home & Infirmary St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Price

(a) Residence: No. Poplar Road, Essex St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 13/1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Handy Price

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT H. K. Price
(Address) 511 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 7 19 33

19. UNDERTAKER Chas. E. Franck
(Address) 501 Madison Ave

20. FILED ..... 19.....
Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.40 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/29/33
Mitral Insufficiency	?
Acute Myocardial Failure	2/2/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Kelly M. D.
Coroner

(Address) 506 E. Monument

Spec.—8-16-29—L. F. S.—100 Bks.

87332

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-001

E 87332

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 n Carey ST. 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane Jackson

(a) RESIDENCE NO. 632 n Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Tarry Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Annie Gray

(Address) 632 n Carey

Filed Feb 7 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 5, 1933, that I last saw h[illegible] alive on Feb 2, 1933 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

2/4, 1933 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Zion Cemetery

DATE OF BURIAL Feb. 6, 1933

20 UNDERTAKER

Mrs. Katie R. Williams

ADDRESS 322 N Stricker St.

M. D. B. 1268-9

87333 E 87333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Garrison Ave 15-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice New Shaw

(a) Residence: No. 3817 Garrison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of William H. Shaw

6. DATE OF BIRTH (month, day, year) Nov 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter New

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Regenia Kusbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H Shaw
(Address) 3817 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 2/7/33 19

19. UNDERTAKER Joseph Sulz & Son
(Address) 1001 N. Carey St

20. FILED Feb 7 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Feb 2, 1933

I last saw her alive on Feb 2, 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abstruded	
Common Bile	30
Duct to Jaundice	1/4/33

Other contributory causes of importance:

Chronic Blood Poisoning

Name of operation Exploratory Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. C. Fenton M. D.

(Address) 1904 Garrison Blvd

M. D. B. 1268-9

87334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87334

CERTIFICATE OF DEATH

54-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Glenmore Ave St. 27-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline E. Brandt

(a) Residence: No. 4313 Glenmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Brandt

6. DATE OF BIRTH (month, day, year) March 18, 1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	9 10	19 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Frederick W. Lassahn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eliza Kumer

16. BIRTHPLACE (city or town) (State or country) Germany Germany

17. INFORMANT Henry C. Lassahn

(Address) 7401 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 9 1933

19. UNDERTAKER Frederick Lassahn & Son

(Address) 7401 Belair Rd.

FILED FEB 6 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1932 to Feb 6 - 1933

I last saw h[illegible] alive on Feb 2 - 1933 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral tumor	Feb 1932
Other contributory causes of importance:	
Cardiac paralysis	Sudden

Name of operation None Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

None If so, specify .....

(Signed) [illegible] M. D.

(Address) 125 S. [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

87335

E 87335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 230 N Rose ST. 6-01 WARD)

2—FULL NAME Calvin Marsh

(a) RESIDENCE NO. 230 N Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 4-1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Otto Marsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Mary Ina Casper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

Informant Mary I Marsh

(Address) 230 N Rose

Filed 2-6 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5-1933

17

I HEREBY CERTIFY, That I attended deceased from 2-4, 1933, to 2-5, 1933

that I last saw him alive on 2-5, 1933

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Cook, M. D.

2/5, 1933 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Feb 6 1933
20 UNDERTAKER	ADDRESS
Leo J. Cook	1733 N. Gay Ave

M. D. B. 1268-9

7336

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87336

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Ruskin Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline G. Everhart

(a) Residence: No. 2230 Ruskin Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Everhart

6. DATE OF BIRTH (month, day, year) Jan 2 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William H. Everhart
(Address) 3337 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date July 7 1933

19. UNDERTAKER Harry A. Anuszewski & Son
(Address) 1701 Pridgeon Ave

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to July 3 1933

I last saw her alive on July 3 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Laryngis	1932
Other contributory causes of importance: Cardiac Asthenia	2 Yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, state how ...

(Signed) H. C. Hauck M. D.

(Address) 1924 Mount Ave

M. D. Register 87337.

E 87337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 N. Calvert St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Loretto L. Quinn

(a) Residence: No. 2915 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter R. Quinn

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	---	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James M. Mahon

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Ward

16. BIRTHPLACE (city or town) ------
(State or country) Ireland

17. INFORMANT Peter R. Quinn
(Address) 2915 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/7 1933

19. UNDERTAKER Henry U. Mears and Son
(Address) 505 N. Calvert St.

20. FILED 2-8 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1933 to July 4th 1933

I last saw h[illegible] alive on July 4th 1933 Death is said to have occurred on the date stated above, at [illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular	
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frederick L. Crane M. D.

(Address) 727 N. Calvert St.

M. D. 87338

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 87338

268098 Dup

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Angelina Landisio

(a) Residence: No. 1807 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	-	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Bernadetta Castelle

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 7 1933

19. UNDERTAKER Wendell F. Diffel
(Address) 200 E. Eden St.

20. FILED FEB 8 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1932 to 2-3-1933

I last saw her alive on 2-3-1933. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Nephritis	? yrs
Uremia	Jan. '33
Other contributory causes of importance:	
Multiple skin abscesses	Jan. 25 '33
? Terminal pestilence	Feb. 1 '33

Name of operation None Date of —

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Barton Wright M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-6

E 87339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87339

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 149-002 Registered No.

CITY OF BALTIMORE: (No. 22-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Schwenk

(a) Residence: No. 1005 Gundry St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene M. Schwenk

6. DATE OF BIRTH (month, day, year) Mar. 10 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Krauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Sebolt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date 2-8 1933

19. UNDERTAKER Leonard J. Bruck
(Address) 1303 Hartford Rd

20. FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4th 1933 to Feb. 5th 1933

I last saw her alive on Feb. 5 1933. Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolonged Labor	2/4/33
Other contributory causes of importance: Massive bilateral Collapse of Lungs	2/5/33

Name of operation Podalic Version Date of Feb. 5-1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Krauer M. D.

(Address) Md. General Hospital

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87340

CERTIFICATE OF DEATH

1944-002

E 87340

Registered No. .....

1. PLACE OF DEATH ~~Hospital~~ (3348) St. Joseph's Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maurice Layne Layne

(a) Residence: No. 3448 E. 149th St Cleveland St. Ohio Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

13. NAME Sam Layne

14. BIRTHPLACE (city or town) (State or country) East

15. MAIDEN NAME East

16. BIRTHPLACE (city or town) (State or country) East.

17. INFORMANT Dr. Seidel

(Address) 2404 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland Ohio Date 2-6- 1933

19. UNDERTAKER Clark Lewis Inc

(Address) 739 E Baltimore St

20. FILED FEB 8 1933 19..... Wilkens Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fractured Pelvis- Ruptured Urinary Bladder

Punctured Wound in Back

Broken Left Ankle

	Date of onset

(Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/4/33 19.....

Where did injury occur? Janowitz Farm-Parkville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place While cutting down tree it

Manner of injury fell on him

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. O'Neill Coroner . M. D.

(Address) 508 E Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 87341

87341

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 77 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Hatch

(a) Residence: No. 26 Perry St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-22-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME Charles Hatch

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Charity Stewart

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Town Hook A.M.E. Bethel Cem. 1933

19. UNDERTAKER Samuel T. Kennedy

(Address) 578 N. Bentalou St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1933 to 2-3 1933

I last saw h... alive on 2-3 1933 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Nose	
Pleurisy Metastases	1931
Bronchopneumonia	1-31-33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon Bruce Lebauer M. D.

(Address) Balto City Hospitals

M. D. B. 1266-9

John Parker

87342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87342

CERTIFICATE OF DEATH

Md. General Hospital 107-001

1. PLACE OF DEATH ... Registered No. ...

CITY OF BALTIMORE: (No. ... St. ... Ward) 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Parker

(a) Residence: No. 2 South Fredrick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year) 8-4-1886 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barrel Maker

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME David Parker

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME May —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT M. G. Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2-6-33 19...

19. UNDERTAKER Charles [illegible]
(Address) 514 W. Lafayette St
Huntington Undertaking Co

20. FILED ... Registrar.

FEB 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-33. 19...

22. I HEREBY CERTIFY, That I attended deceased from 1-28-33, 19..., to 2-3-33, 19...

I last saw h[illegible] alive on 2-3-33, 19... Death is said to have occurred on the date stated above, at 2-4½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Other contributory causes of importance [illegible]	[illegible]
	[illegible]

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) L. Glaser M. D.

Address Md. General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87343 E 87343

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Presstman St., 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles C. Dobson

(a) Residence: No. 3033 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice A. Dobson

7. DATE OF BIRTH (month, day, year) March 29 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler-Maker 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Joseph H. Dobson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Bagoura Pettit

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alice A. Dobson (Wife)

(Address) 3033 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Feb. 6 1933

19. UNDERTAKER John F. Denny

(Address) 719 Leigh St

FILED Feb 6-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 19 32 to Feb 3, 19 33

I last saw him alive on Feb 3, 19 33. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest F. Rahe M. D.

(Address) 300 W. North Ave

87344

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87344

CERTIFICATE OF DEATH

94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 Broadway St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Young Davis

(a) Residence: No. 428 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Davis

6. DATE OF BIRTH (month, day, year) Sept 12 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John T. Young

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Caroline Claar

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT George J. Davis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. ..... Date Feb 7, 1933

19. UNDERTAKER Taylor & Siegel Inc.

(Address) 412 N. Broadway

FILED Feb 5 1933, 19 Registrar.

35-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1933 to Feb 3d, 1933

I last saw h... alive on Feb 3d 1933 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Feb 4

Other contributory causes of importance:

Arteriosclerosis	
Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Holmes M. D.

(Address) 324 Garrison Blvd

M. D. B. 1268-9

87346 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87345

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 49

CITY OF BALTIMORE: (No. 711 St. E. of Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 10 ds. How long in U. S. If of foreign birth? ..yrs..mos. 10 ds.

2. FULL NAME Bettie Chenoweth

(a) Residence: No. Simpson Taylor Co St., Ward. W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-27-68

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	64	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Grafton W Va Date Feb 6 1933

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St.

20. FILED ..19.. Registrar

B 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 6 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26-33, 1933, to 2-6, 1933

I last saw her alive on 2-6, 1933 Death is said to have occurred on the date stated above, at 12'45 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	2-6-33
Cardiac Failure	

Other contributory causes of importance:

Name of operation ..... Date of 1/25/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Wendell Ehrmann M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 87346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87346

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Eutaw St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward E. Massey

(a) Residence: No. 27 S. Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Willard E. Massey

6. DATE OF BIRTH (month, day, year) Oct 6th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) Irwin (State or country) Pennsylvania Pa

FATHER

13. NAME James Esin

14. BIRTHPLACE (city or town) ..... (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Pa

17. INFORMANT Willard E. Massey (Address) 27 S. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL Pleasant Hill Cem Pa Date 2/6/33

19. UNDERTAKER J. D. Pippert (Address) 500 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/33

22. I HEREBY CERTIFY, That I attended deceased from 26 Jan 1933 to 4 Feb 1933

I last saw h.e alive on 4 Feb 1933 Death is said to have occurred on the date stated above, at 4 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	25 Jan 1933

Other contributory causes of importance:

Gall stones

Name of operation None Date of .....

What test confirmed diagnosis? Examination there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Z. Vanderhoof M. D.

(Address) 2560 Frederick Ave

E 87346 - 1933

M. D. B. 1268-9

87347 HEALTH DEPARTMENT—CITY OF BALTIMORE 87347

CERTIFICATE OF DEATH

95-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Stricker St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Annie E. Crockett

(a) Residence: No. 1800 N. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac L. Crockett

6. DATE OF BIRTH (month, day, year) April 25 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Mt. Fryar, Md.

FATHER

13. NAME Preston Gorton

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Nancy Hayes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lucy Crouse

(Address) 1800 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Date 2/7/33

Place London Park

19. UNDERTAKER W. S. Rayton

(Address) Frederick & Pentland Sts

Interstate Permit No.

20. FILED FEB 4 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Feb 4 1933

I last saw h.. alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 11.33 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cardiac - Vascular disease

Name of operation ..... Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm S Love M. D.

(Address) 2211 Eutaw Place

Spec.—1-30—M. & T.—250 Blks

87348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87348

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. Chase ST. 10-B WARD)

2-FULL NAME Margaret Dietz

(a) RESIDENCE NO. 707 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Dietz

6 DATE OF BIRTH (month, day, and year) May 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) County Cavan

(State or country) Ireland

10 NAME OF FATHER Patrick Brady

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Mrs. Chas. E. Chase

(Address) 707 E. Chase St

FEB 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5-1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29 —, 1933, to Feb. — 5 —, 1933, that I last saw h.. alive on Feb. 4 —, 1933, and that death occurred, on the date stated above, at 1:55 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis of left side

Hemorrhagic

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

2/5/1933 (Address) 3522 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 8, 1933

20 UNDERTAKER Rita Riedefeld

ADDRESS 914 Greenmount Ave

M. D. B. 1268-9

Adella Ashburn V

87349 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87349

CERTIFICATE OF DEATH + 146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adella Ashburn

(a) Residence: No. Keyser, W Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of American Ashburn

6. DATE OF BIRTH (month, day, year) Dec 3, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26 yrs	one 2	one 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME Edward Petty

14. BIRTHPLACE (city or town) Balto., Md.
(State or country)

MOTHER

15. MAIDEN NAME Amelia Lipsky

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Husband
(Address) Keyser, W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 7 33

19. UNDERTAKER Margaret E. Flynn
(Address) 1400 Light St

20. Feb 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2/33, 19..., to 2/4/33, 19...

I last saw h[illegible] alive on 2/4/33 Death is said to have occurred on the date stated above, at 5:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Eclampsia of Pregnancy	4 days
b. Acute Intoxication of suicide	3 "
c. Convulsions	3 "
d. General anasarca	—
e. Hypertension and	—

Other contributory causes of importance:

Name of operation Blood x Date of No

What test confirmed diagnosis? urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Raymond F. Hufford M. D.

(Address) Mercy Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

E 87350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87350

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Carroll ST. 21-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph M. McCormick

(a) RESIDENCE NO. 720 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence G. McCormick

DATE OF BIRTH (month, day, and year) March 3, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 063

(b) General nature of industry, business, or establishment in which employed (or employer) Electro Type

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Thomas B. McCormick

11 BIRTHPLACE OF FATHER (city or town) Texas (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Giblen

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Florence G. McCormick

(Address) 720 Carroll St

Filed 2-6 1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4-1933

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1933, to February 4, 1933, that I last saw h ill alive on Feb. 3, 1933 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis, Hypertension

Vegetative Endocarditis. Chronic

Glomerul nephritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Emboli Pulmonary, Emboli Brain

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? r

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Urinalysis, Sputum

(Signed) Flor. Fa Strauss, M. D.

2/5, 1933 (Address) 2878 Hurford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 2/7/1933

20 UNDERTAKER John F. Cowan & Son

ADDRESS 901 Hollins St.

M. D. B. 1268-9

87351

HEALTH DEPARTMENT—CITY OF BALTIMORE 87351

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Davis

(a) Residence: No. 1928 Wilhelm St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Morris Davis

6. DATE OF BIRTH (month, day, year) May 16 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME James McClusen

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Inf.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 7 1933

19. UNDERTAKER George L. Johnson

(Address) 2101 Pennsylvania Ave

20. FILED FEB 8 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 1933 to Feb 4 1933

I last saw her alive on Feb. 4 1933 Death is said to have occurred on the date stated above, at 3 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-28-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Rhoads M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

E 87352 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87352

CERTIFICATE OF DEATH

124-0018

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 683 Dolphin St. Ward) University Hospital

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mack Hudson

(a) Residence: No. 683 Dolphine St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hudson

7. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mary Hudson

(Address) 683 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2-7 1933

19. UNDERTAKER Henry Eastern

(Address) 2466 Pennsylvania Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Feb 4 1933

I last saw him alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Probably 1 yr
(Pneumonia)	Feb.
Other contributory causes of importance:	
Negative wassermann	1932
Myocardial failure	Feb 1933

Name of operation No Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William E Brown M. D.

(Address) University Hospital

M. D. B. 1208-9

87353

87353 Sadie Zinn

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 123 E 87353

1. PLACE OF DEATH Md. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Founders & Madison (St.) 11-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sadie Zinn

(a) Residence: No. 705 W Market St. Yorkton Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Eli Zinn

6. DATE OF BIRTH (month, day, year) April 4 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Hamilton Kindle

14. BIRTHPLACE (city or town) (State or country) York County Pa.

MOTHER

15. MAIDEN NAME Emma Gudos

16. BIRTHPLACE (city or town) (State or country) York County Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa. Date Feb 6 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

FEB 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1933 to Feb 6 1933

I last saw her alive on Feb 6 1933. Death is said to have occurred on the date stated above, at 7 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Sepsis	
Internal & External Hemorrhoids	1932
Cyst of Bartolini Gland	

Other contributory causes of importance:

Pulmonary Embolus	1 Days
	2/4/33

Name of operation Removal of abscess Date of 1/27/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

87354

E 87354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kaminski

(a) Residence: No. 1814 Lancaster St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Nov. 15, 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	2	21/30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wladyslaw Kaminski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rozalia Walak

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wladyslaw Kaminski
(Address) 1814 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Feb 9th 1933

19. UNDERTAKER George A. Welker
(Address) 200 E. Lanvale St

FILED FEB 6 1933 Hunter Jay Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Feb 5, 1933

I last saw him alive on Feb 5, 1933. Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal, Faucial, and Laryngeal Diphtheria	1/26/33
Other contributory causes of importance:	
Toxic Myocarditis	1/31/33

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Leby Meranski M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

Mazurkiewicz

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87355

Registered No. 23 E 87355

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823 Elliott st. St., 1-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Mazurkiewicz

(a) Residence: No. 2823 Elliott st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 2, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Sylvester Mazurkiewicz

14. BIRTHPLACE (city or town) Poland.
(State or country)

MOTHER

15. MAIDEN NAME Magdalena Kot

16. BIRTHPLACE (city or town) Poland.
(State or country)

17. INFORMANT Magdalena Mazurkiewicz
(Address) 2823 Elliott Street

18. BURIAL, CREMATION, OR REMOVAL Date Feb 9th. 1933
Place Holy Rosary Cem.

19. UNDERTAKER Geo. A. Weber.
(Address) 1st & Penna. ave. Hunting Park Ave.

20. FILED FEB 6 - 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1932 to Feb. 4 1933. Death is said to have occurred on the date stated above, at 8:32 P.m.

I last saw her alive on Feb. 4 1933.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glen J. Evans M. D.

(Address) 2823 Elliott St.

Spec.—9-30—A. & Co.—250 Bks

87356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87356

CERTIFICATE OF DEATH.

108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2318 Gilford Ave. St. 17-81 WARD)

2-FULL NAME Albert Booker

(a) RESIDENCE NO. 2318 Gilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Booker

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prospect Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mattie Booker
(Address) 2318 Gilford Ave

15 Filed JAN 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, '33.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Feb 4, 1933

that I last saw h[illegible] alive on Feb 4, 1933

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Test

(Signed) H. C. Gilliam M. D.

, 19 (Address) 2329 Gilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 2-7 1933

20 UNDERTAKER Byrom & Manor Wright 1218 Mc Elderry

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

87357 VE 87357

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH: Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St. 17-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Charles R. Brown

(a) Residence: No. 558 Orchard St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Georgiana Brown

6. DATE OF BIRTH (month, day, year): Feb. 22. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 040

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Frederick Co, Md.

FATHER

13. NAME: Samuel Brown

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Hannah Ryan

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Ft. Mc Henry Date Feb 6 1933

19. UNDERTAKER: Commissioner Health

(Address)

20. Feb 6 1933 Received, 19 Huntington Pier

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1932 to 2-3 1933

I last saw him alive on 2-3 1933 Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-3-33
Other contributory causes of importance: Heart Disease arteriosclerotic?	

Name of operation: none Date of —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-3-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

013?

M. D. B. 1268-9

87358 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87358

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 2nd St., 17-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Brown

(a) Residence: No. 923 Middle Court St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-28-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 39	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 123

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Resd. Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Med College Date Feb 6 19 33

19. UNDERTAKER Flanagan Funeral Home

(Address)

FILED 2-6 1933 Huntington Williams M.D. Registrar

013?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 19 33

22. I HEREBY CERTIFY, That I attended deceased from 1-23 19 33 to 2-1 19 33

I last saw h... alive on 2-1 19 33 Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	?

Other contributory causes of importance:

None

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2-1-33 (Signed) Clem Hirschberg M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-0

E 87359 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87359

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. [illegible]

CITY OF BALTIMORE: (No. Baltimore Md St. 10-41 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Mc Eachern

(a) Residence: No. 806 Sterling St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William —

6. DATE OF BIRTH (month, day, year) Aug 3 ? [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	— 6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Hones Rae

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Home College Date Feb 6 1933

19. UNDERTAKER [illegible] Health (Address)

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1933 to 2-3, 1933

I last saw her alive on 2-3, 1933 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pott's disease of Spine	12-1-32
Other contributory causes of importance: Bronchopneumonia	1-29-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2-4-33 (Signed) Elmer A. Gerberich M. D.

(Address) Balto City Hospitals

2-1933

0131

M. D. H. 1268-9

87360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87360

94-002

15-04

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N. Payson St. St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Pike

(a) Residence: No. 1818 N. Payson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Pike

6. DATE OF BIRTH (month, day, year) Sept. 28, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Samson Pike

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Virginia Jacobson.

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Mrs. Birkenwald

(Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Feb. 7 1933

19. UNDERTAKER David Sondheim - Son

(Address) 1902 Eutaw Place

FILED 2-6-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 15 years to Feb. 4, 1933

I last saw him alive on Feb. 4 1933. Death is said to have occurred on the date stated above, 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Disease — Date of onset 1 year

Other contributory causes of importance:

Acute Dilatation Heart

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanford McKelvey M. D.

(Address) 1609 Linden Ave

M. D. B. 1268-9

87361 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87361

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319-S. Fagley Street St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Liborio Mancinelli

(a) Residence: No. 319-S. Fagley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Donata (Carullo)

6. DATE OF BIRTH (month, day, year) 3/19/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	16	xxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scanno, Italy

FATHER

13. NAME Liborio Mancinelli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela (Colarossi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carlo Cicone

(Address) 4610-Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/8/33

19. UNDERTAKER

(Address) 755 Washington Blvd.

20. FILED Feb 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4-33, 19..., to Feb. 4-33, 19...

I last saw him alive on Feb. 4-33, 19... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis & Hypostatic Pneumonia	Unknown
Cerebral Hemorrhage Thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morris J. Scherr M. D.

(Address) 6016 Eastern Ave-City

M. D. B. 1268-9

87362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87362

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) 5-01 (Ward)

Length of residence in city or town where death occurred ?? yrs. ? mos. ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Michael Henry

(a) Residence: No. ? 10 Front ? St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Henry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT .....

(Address) Ltd.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 2/6 1933

19. UNDERTAKER John F. Fahey Son

(Address) 1318 Light St

20. FILED 2-6-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-14-32 1932 to 2-5 1933

I last saw him alive on Feb 5 1933. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Fibroid tuberculosis	?
Other contributory causes of importance: Myocardial failure	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magill M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-9

87363 HEALTH DEPARTMENT—CITY OF BALTIMORE F 87363

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 White Oak Ave. St. 16-01 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME E. May Tucker

(a) Residence: No. 1512 Ellamont St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Edwin Tucker

6. DATE OF BIRTH (month, day, year) Dec. 25 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Forest Hill, Md.

FATHER

13. NAME Elisha R. Pyle

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Bowen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. Edwin Tucker

(Address) 1512 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Centre M. E. Cemetery FOREST HILL, MD. Date Feb 7, 1933

19. UNDERTAKER John F. Denny

(Address) 745 Lee St. Huntington, W. Va.

20. Filed 1933 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from March 20th 1927 to Feb. 6th 1933.

I last saw h alive on Feb. 4th 1933. Death is said to have occurred on the date stated above, at 5.40 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis and Auricular Fibrillation	From personal knowledge Nov 10/27
Other contributory causes of importance: Acute Cardiac Dilatation	Feb. 4th 1933

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elias C. Hubbeth M. D.

(Address) 1346 Madison Ave.

M. D. B. 1268-9

E 87364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87364

CERTIFICATE OF DEATH

Registered No. ×120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donna Bonfiscio

(a) Residence: No. Mt. Hope W. Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 11 - 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	2	26	25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Glen Jean W. Va

FATHER

13. NAME Tom Bonfiscio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Troiani

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Thurmond W Va Date Oct 6 1933

19. UNDERTAKER Fayette A Stephens
(Address) Fairmont W Va

20. FILED Oct 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to Oct 6 1933

I last saw her alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis	7/1/32

Other contributory causes of importance:

Secondary Anemia	10/5/32
Chronic Myocarditis with Cardiac Decompensation	11/1/33 2/4/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard L. Zumk M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

87365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87365

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyden Hospital (Ward) 1-01

Length of residence in city or town where death occurred 2 yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Sampson

(a) Residence: No. 920 So. Bunny St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Sept 26, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	4	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Sampson

14. BIRTHPLACE (city or town) (State or country) Belair Md

MOTHER

15. MAIDEN NAME Frances Nowacka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Frances Sampson

(Address) 920 So Bunny St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Feb. 7, 1933

19. UNDERTAKER Stephen J. Feallowski Inc

(Address) 1001 S. Kenwood Ave

20. [illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1933 to Feb. 6, 1933

I last saw him alive on Feb 6, 1933 Death is said to have occurred on the date stated above, at 7 30/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	1/31/33
Other contributory causes of importance: Staphylococcus bacteremia	1/31/33
Bronchopneumonia	2/4/33

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Peter Wasenski M. D.

(Address) Lyden Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B7366

87366

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St., 5 (Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Munson

(a) Residence: No. 1415 E Jefferson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Dawridge Munson

6. DATE OF BIRTH (month, day, year) 8-15-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 021

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Cleveland, Ohio
(State or country)

FATHER

13. NAME Isaac —

14. BIRTHPLACE (city or town) Zanesville Ohio
(State or country)

MOTHER

15. MAIDEN NAME Emily Baldwin

16. BIRTHPLACE (city or town) Zanesville Ohio
(State or country)

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2-7th 1933

19. UNDERTAKER Bryant & Jamie Wright
(Address) 1210 Mc Elderry St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1933 to 2-4, 1933

last saw h.. alive on 2-4, 1933 Death is said to have occurred on the date stated above, at 6:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1-5-33
Other contributory causes of importance: None	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2-5-33 (Signed) Elmer Higbberger M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

87367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87367

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hettie S. Gantt

(a) Residence: No. 1127 Longwood St., ... Ward. 21st Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Joel E. Grubb

6. DATE OF BIRTH (month, day, year): March 15 1853

7. AGE: Years 47 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): New Port Pa

13. NAME: David McJones

14. BIRTHPLACE (city or town) (State or country): New Port Pa

15. MAIDEN NAME: Ellen Gantt

16. BIRTHPLACE (city or town) (State or country): New Port Pa

17. INFORMANT: Rev. Joel E. Grubb

(Address) 1127 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place: New Port Pa Date: Feb 7 1933

19. UNDERTAKER: J. Fos Fowlers & Son

(Address) 217 S. Pa. Ave

20. FILED: 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23rd 1933 to Feb 5th 1933

I last saw h[illegible] alive on Feb. 5th 1933. Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-23-33
Other contributory causes of importance:	
Lobar Pneumonia	2-4-33

Name of operation: ... Date of: ...

What test confirmed diagnosis: Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. R. Thrower Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87368 E 87368

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 E. 22nd St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME ~~Edith~~ May C. Johnson 5 of Feb. 11, 33

(a) Residence: No. 347 E. 22nd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James W. Johnson Jr.

6. DATE OF BIRTH (month, day, year) ---------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

FATHER

13. NAME: Joseph Lippy

14. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

MOTHER

15. MAIDEN NAME: Alice Deal

16. BIRTHPLACE (city or town) (State or country): ------- Maryland

17. INFORMANT: James W. Johnson Jr.

(Address): 347 E. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Date: 2/8 19 33

19. UNDERTAKER: Henry U. Mears & Son

(Address): 808 N. Calvert St.

20. FILED 1933 Hilton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 . 1932 to Feb. 6 . 1933

I last saw her alive on Feb. 5 . 1933 Death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - metastatic involving mediastinal glands, and lungs. (Primary lesion in left breast removed January 1932) — Date of onset Oct. 32

Other contributory causes of importance: Cleaning with gasoline - at side — Nov. '32

Name of operation: Amputation of left breast (carcinoma) — Date Jan. '32

What test confirmed diagnosis: Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George D. Lipton M. D.

(Address) 432 S. Patterson Park Ave.

1-30—M. & T.—100 B—50L

E 87369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87369

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Washburn Ave. St. 25-ward

2-FULL NAME George H. Smith.

(a) RESIDENCE NO. 820 Washburn Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Dorothy Smith.

6 DATE OF BIRTH (month, day, and year) June 22, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	22 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman, 013
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O.R.R.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry E. Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Hedrich.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Dorothy Smith. (wife)

(Address) 820 Washburn Ave.

15 Filed 2-6-1933, 192 Huntington Millware, Md. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) and

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiol Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Feb 8 1933

20 UNDERTAKER A. Howard Evans ADDRESS 35 E Fayette

M. D. B. 1268-J

HEALTH DEPARTMENT—CITY OF BALTIMORE

87370 E 87370

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 ristol Ave. (Ward) 25-01

Just inside City Line

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna R. Della.

(a) Residence: No. 1 Bristol Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Della.

6. DATE OF BIRTH (month, day, year) Aug. 27, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77.	5.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home. 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Albert Cook.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Kirby.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Della.

(Address) 1 Bristol Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Feb. 9, 1933

19. UNDERTAKER C. Howard Evans

(Address) 35 E. Fayette Ave.

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1933 to February 6, 1933

Last saw h[illegible] alive on Feb 6 1933 Death is said to have occurred on the date stated above, at 5:10 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis X

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Schmuck M. D.

(Address) 1334 S. Charles St

M. D. R. 1268-9

Dr Ferry 910 W. Lombard st Cal 4950 - Tel 7363 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

87371 — E 87371

CERTIFICATE OF DEATH

92-001

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Lemmon St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Rebecca Jones

(a) Residence: No. 919 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thos. Edward Jones

6. DATE OF BIRTH (month, day, year) Nov 5th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Jacob Horne

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Howard A. Jones
(Address) 919 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 7th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1933 Huntington Wilson, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/3/ 1933 to 2/4/33 19

I last saw her alive on 2/1 1933. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurg.	?
Other contributory causes of importance:	
Cerebral Embolism thrombosis	2 days

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard A. Ferry M. D.

(Address) 910 W. Lombard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87372

CERTIFICATE OF DEATH

157-004 E 87372

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Morrison

(a) Residence: No. 2910 Glenmore Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 7th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Belts Md

FATHER

13. NAME George Morrison

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Gladys Young

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT George Morrison
(Address) 2910 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Paterson N. J. Date Feb 7th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

1933 Filed Feb 8 1933 Huntington Mills, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1933

22. I HEREBY CERTIFY. That I attended deceased from Feb 4, 1933, to Feb 6, 1933

I last saw him alive on Feb 6, 1933. Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hypertrophic Pyloric Stenosis	Jan 6
Laparotomy	Feb 5
Other contributory causes of importance: Aspiration Pneumonia	Feb 6

Name of operation Radical Ramstedt Date of Feb 5

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Saunders Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

87373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87373

CERTIFICATE OF DEATH

94-806

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3802 Chatham Road (Ward) 25th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice L. Reeder

(a) Residence: No. 3802 Chatham Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Balla Reeder

6. DATE OF BIRTH (month, day, year) Sept 14 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sew. Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Chas M. Reeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Kate Dawson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas Maurice Reeder

(Address) 3802 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feby 7 1933

19. UNDERTAKER John O Mitchell & Son

(Address) 1900 Eastern Ave

Huntington Ave. Funeral Home

Feb 6 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 19.. to 19.. 19..

I last saw h alive on Jan 19 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Sudden	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner, M. D.

(Address) Towson

M. D. B. 1268-9

E 87374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87374

V46

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 E Lanvale St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Blumenauer

(a) Residence: No. 1915 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of the late Theresa M. Blumenauer

6. DATE OF BIRTH (month, day, year) April 27 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. George H. Hudson

(Address) 1915 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date ... 19...

19. UNDERTAKER Henry Hoelck Sons, Inc

(Address) 1341 E Eager St

20. FILED ... Registrar.

FEB 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932 to Feb 5, 1933

I last saw him alive on Feb 6, 1933 Death is said to have occurred on the date stated above, at 6 A.M. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:

Carcinoma of the rectum	

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Chas Bowers M. D.

(Address) 4706 Liberty Road

2/6/33

FEB 7-1933

M. D. F. 1775

87375

E 87375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Belle Ave Forest Park 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Krug

(a) Residence: No. 3901 Belle Ave Forest Park St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Frank Krug

6. DATE OF BIRTH (month, day, year) Nov. — 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Frank Krug

(Address) 3901 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 8 1933

19. UNDERTAKER Henry Koch & Sons

(Address) 1301 E. Eager St

FILED 7-1933 ID

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB - 4 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1932 to Feb 4 1933. I last saw h alive on Feb 4 1933. Death is said to have occurred on the date stated above, at 8 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 4 '33
Hemorrhage of Uterus	
Uremia	

Other contributory causes of importance:

Valvular Heart	Unk
Chronic Nephritis	
Chronic Bronchitis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N/A Date of injury N/A 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

M. D. B. 1263-9

87376

B 87376

HEALTH DEPARTMENT--CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Strathmore St., 97 Hamilton Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Siebrandina Schmidt

(a) Residence: No. 2715 Strathmore Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob.

6. DATE OF BIRTH (month, day, year) Feb. 26 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fr. Hogmeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Diana Leigh

(Address) 2715 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 8, 1933

19. UNDERTAKER New Cook

(Address) 1217 E. Fayette

20. FILED FEB 7 - 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1933 to Feb 6 1933

I last saw h alive on Feb 5 1933. Death is said to have occurred on the date stated above, at 4 AM m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Chronic Valvular Endocarditis	1928
Other contributory causes of importance: Chronic Bronchopneumonia Nephritis	1930

Name of operation Date of

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. E. Gordy M. D.

(Address) Hayford Rd & Overland Ave

M. D. R. 1268-9

87377 HEALTH DEPARTMENT—CITY OF BALTIMORE 87377

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 E Lanvale St. 16-01 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorthea Schammel

(a) Residence: No. 1616 E Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Schammel

6. DATE OF BIRTH (month, day, year) Aug 31 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Gotfried Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Barbara Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gaenell

(Address) 1616 E Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem Date Feb 7 1933

19. UNDERTAKER Wm Rieman & Sons

(Address) North & Penna

FILED 2-7-1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to February 5 1933

I last saw her alive on February 3 1933 Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Feb 1932
General Arteriosclerosis	Feb 1932
Other contributory causes of importance:	
Pneumonia and Cachexia	Feb 5 1933

Name of operation — Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allen A Penhorn M. D.

(Address) 1875 E North Ave

M. D. B. 1265-9

87378

HEALTH DEPARTMENT—CITY OF BALTIMORE

87378

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

Pronounced dead at Lemmuel Hospl

CITY OF BALTIMORE: (No. 715 S. Greene St., 15-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Robinson

(a) Residence: No. 715 Baker St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Daniel Robinson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriett Fisher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Robinson

(Address) 715 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Feb 7 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED 2-1-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Wagner Hilbert M. D. Coroner

(Address) 739 Eastern Ave

M. D. B. 1268-9

Zacharski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87379 E 87379

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. Md 2-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Zacharski (Zacharski)

(a) Residence: No. 1733 Fleet St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blazie

6. DATE OF BIRTH (month, day, year) Sept 25 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Skibos

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Theresa ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Balto City Hospitals Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Feb 8 1933

19. UNDERTAKER John F. Kuda

(Address) 258 N Hudson St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31 1930 to 2-4 1933

I last saw h[illegible] alive on 2-4 1933. Death is said to have occurred on the date stated above, at 7:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
acute myocardial insufficiency	2-4-33
Other contributory causes of importance:	
Diabetes mellitus	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

2-4-33

(Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

E-1033

M. D. B. 1-1-27

87380

HEALTH DEPARTMENT—CITY OF BALTIMORE 87380

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 W Hamburg St. 23-01 Ward)

Length of residence in city or town where death occurred 44 yrs. — mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sula Brown

(a) Residence: No. 126 W Hamburg St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan - 13 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning Fact

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factories

10. Date deceased last worked at this occupation (month and year) no work last yr.

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Charlotte —

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Coon

(Address) 126 W Hamburg

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ct Date 2/8/ 33

19. UNDERTAKER Isaac L Brown & Son

(Address) 118 W Lexington St

Registration District No. ...

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug - 1 1932 to Feb 5 1933

I last saw h[illegible] alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
7 months	
Other contributory causes of importance:	
ascites anasarca	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) David Francis M. D.

(Address) 122 W Lee St.

M. D. B. 1268-9

E 87381 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87381

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2043 Penna Av. St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edw F. Michael

(a) Residence: No. 2043 Penna Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE: Laura Ruth Michael

6. DATE OF BIRTH (month, day, year): 12-19-68

7. AGE: Years 62 Months 2 Days 17/16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Conrad Michael

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rachel Wagner

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Laura Michael

(Address): 2043 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Feb. 8, 1933

19. UNDERTAKER: Martin Fahey & Sons

(Address): 1329 W. North Ave.

20. FILED: FEB 7 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Angina Pectoris	
b. Sudden	
c.	
d.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Angina Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H C Funk M. D.

Coroner

(Address) Coroner

M. D. R. 1268-9

87382

HEALTH DEPARTMENT—CITY OF BALTIMORE

87382

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men & Women's Home Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marion Dunson

(a) Residence: No. 822 S. Carrollton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

3a. If married, widowed, or divorced RUSBAND of (or) WIFE of: widower

6. DATE OF BIRTH (month, day, year): 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mt. Joy Md

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rev Naylor

(Address) 822 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Hebron Cem Date: 2-7 1933

19. UNDERTAKER: Samuel T Hendley & W Sidney W...

(Address) Huntington Indiana Ave

20. FILED 2-7-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Feb 5 1933

I last saw h.er alive on Feb 5 1933 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis + Cerebral Apoplexy	

Other contributory causes of importance:

Hyper-tension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

2/7/33 (Signed) Edward J. Bradley M. D.

(Address) 1230 Druid Hill Ave

AaCo. 5-31 250B

E 87383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87383

CERTIFICATE OF DEATH

× 179

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balt. Gen. Hospital St., (Ward)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Edwards

(a) Residence: No. 1900 Tolson Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 3, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Roland Edwards
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Roberta Fechter
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Roland Edwards (Father)
(Address) 1900 Tolson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feb. 9, 1933

19. UNDERTAKER Lillys Feiler Inc.
(Address) 407 S. Wolfe St.

FILED FEB 7 - 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, to Feb. 6, 1933
I last saw h.m. alive on Feb. 6, 1933 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drug Poisoning (overdose of Barbiturate)	Feb 2, 33
Possible Pneumonia (Bronchial)	?
Possible Tetanus	?

Other contributory causes of importance:

Manilan Fever	?

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?
If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? ... , 19...
Where did injury occur? (Specify city or county and State)
Specify whether injury occurred in industry or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. Mendelson M. D.
(Address) W. Balt. Gen. Hosp.

M. D. B. 1268-9

87384

HEALTH DEPARTMENT—CITY OF BALTIMORE

87384

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 76-01 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Gilleane

(a) Residence: No. 705 Dean St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gilleane

6. DATE OF BIRTH (month, day, year) Dec 23/855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Gilleane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Flannegan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Abingdon Md Date Feb 9th, 1933

19. UNDERTAKER Lilly & Butler Inc
(Address) 400 East Monument St.

FILED ..... 19..... Registrar.

FEB 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-33

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1933 to 2-6 1933

I last saw him alive on 2-6 1933 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	?
Erosion through Aorta.	.
Cerebral sclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage.	2-6-33

Name of operation Gastrostomy Date of 1/21/33

What test confirmed diagnosis? C-E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Lebherz M. D.

(Address) Balto City Hospitals

2-7-1933

M. D. B. 1268-9

E 87385 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 87385

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt St. 2-01 Ward)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Muller

(a) Residence: No. 719 S. Durham St. St., 2 Ward. 102

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed or divorced! HUSBAND of (or) WIFE of Jos. Muller

6. DATE OF BIRTH (month, day, year) Mch. 21st 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Trawle, Endrike

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Elizabeth Michalacke.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Endrike (Brother)

(Address) 719 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb 8th 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 1911 E. Baltimore St.

19a. Registration District No. 1 Registrar.

FILED FEB 7 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from December 5th 1932 to Feb. 5 1933

I last saw h.e alive on Feb 5 1933 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	?

Other contributory causes of importance:

Name of operation Laparotomy Date of 1-6-33

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts M. D.

(Address) Franklin Square Hospital

Spec. 1-10-21 M&T 1500 Blks.

87386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87386

V 46

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N Rose St. 6-01 WARD)

2-FULL NAME Caudia Raabe

(a) RESIDENCE NO. 419 N Rose ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Raabe

6 DATE OF BIRTH (month, day, and year) 16 Feb 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Conrad Schroeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Weise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Raabe
(Address) 419 N Rose St

15 Filed 7 1933 Hunting Towpath Supervisor, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 05, 1932, to Feb 6, 1933.

that I last saw h alive on Feb 5th, 1933,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Dec 12 '32

Was there an autopsy? Yes

What test confirmed diagnosis? Observation

(Signed) Joseph E Erickson, M. D.

Feb 7, 1933 (Address) 326 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 2/9/33

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

Very important. See instructions on back of certificates.

AdCo. 5-31 250B

87387 HEALTH DEPARTMENT—CITY OF BALTIMORE 87387

CERTIFICATE OF DEATH

53 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Valley St. 10-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emilie nee (Rode) Groppe

(a) Residence: No. 1042 Valley St. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Groppe

6. DATE OF BIRTH (month, day, year) April 2, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Antone Rode

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frances Lasky
(Address) 1042 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 9, 1933

19. UNDERTAKER Elmer H. Confalin
(Address) 1226 E. Fayette St.

20. FILED 7-1933 by Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Feb. 5, 1933
I last saw her alive on Feb. 5, 1933 death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder.	about 6 months ago.
Other contributory causes of importance:	
Chronic nephritis.	over

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank N. Ogden, M. D.
(Address) 270 N. Calvert St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

001 E 87388

87388

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital S 23-ab WARD)

2-FULL NAME Thomas Burke

(a) RESIDENCE NO 14 E Henrietta ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Burke

6 DATE OF BIRTH (month, day, and year) Jan 1 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	57	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Bklg Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Luke Burke

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Bridget McCormick

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Delia Burke

(Address) 14 E. Henrietta St

15 Filed 7-1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
accidental fall
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 14 E Henrietta St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D J Kenny M.D., M. D. Coroner

, 19 (Address) 1305 E Pattison Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb 11 1933

20 UNDERTAKER Fred. A. Warnecke

ADDRESS 703 E Fayette

over.

M. D. B. 1268-9

Smiarowski

E 87389 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87389

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank Smiarowski

(a) Residence: No. 1711 Eastern ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elvira Smiarowski

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Theodor Smiarowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna. ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT John Smiarowski

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place H. Stansbury Co. Date Feb 10th 1933

19. UNDERTAKER George A. Weber.

(Address) 703 S. Fremont Ave.

Interment Witnessed by ..... 19..... Registrar

FILED FEB 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/13 1933 to 2/7 1933

I last saw him alive on 2/7 1933. Death is said to have occurred on the date stated above, at 6 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	8 mo ago
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. Bowie Leland M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

87390

HEALTH DEPARTMENT—CITY OF BALTIMORE

87390

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Provident Hospital — Registered No. 107-001

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Leo Spires

(a) Residence: No. 1514 Spring Road, St., Stevenson Run Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 27 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Emmett Spires

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Higgs

16. BIRTHPLACE (city or town) (State or country): Staunton Virginia

17. INFORMANT: Emma Spires
(Address): 1514 Spring Road

18. BURIAL, CREMATION, OR REMOVAL
Place: St Peters Cemetery Feb 8 1933

19. UNDERTAKER: Mrs. H. C. Elliott
(Address): 1129 N. Eutaw St.

20. F[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1932 to 2-4 1933

I last saw him alive on 2-4 1933. Death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	10 13 32
Other contributory causes of importance: Pneumococcic Peritonitis	
Lung Infarct	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. Harris M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 87391 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87391

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Dalrymple Bareham Jr.

(a) Residence: No. 1326 Delwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Ashland, Md Balto - County

FATHER

13. NAME Elmer D. Bareham -

14. BIRTHPLACE (city or town) (State or country) Warren Md

MOTHER

15. MAIDEN NAME Anna May Ensor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elmer J Bareham

(Address) 1326 Delwood Ave

18. BURIAL, CREMATION, OR REMOVAL Parkland Balto Date Feb 8 19 33

19. UNDERTAKER M. E. Brooks -

(Address) Parkton Md

20. FILED ..... 19 ..... Registrar

F-1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933 to Feb 6, 1933

I last saw him alive on Feb 6, 1933 Death is said to have occurred on the date stated above, at 11.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2
Dr. Coroner Notified	

Other contributory causes of importance:

Name of operation N O Date of

What test confirmed diagnosis? Was there an autopsy? ND

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Fleiss M. D.

(Address) Union Memorial Hospital

Spec.—9-30—A. & Co.—250 Blks

87392 HEALTH DEPARTMENT—CITY OF BALTIMORE 87392

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 632½ W. Franklin St. 17-01 WARD)

2-FULL NAME William M. Hedian

(a) RESIDENCE NO. Walbert apts Charles & Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Hedian

6 DATE OF BIRTH (month, day, and year) April 23 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	13 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Paper

(c) Name of employer Hubbard & Corning Balto Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thos. Hedian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Miss Mae Hedian

(Address) Walbert apts

15 Feb 1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 5, 1933

17

I HEREBY CERTIFY, That I attended deceased from Jany 23, 1933, to Feb 5, 1933

that I last saw him alive on Feb 3, 1933

and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Heart Disease

About (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) High blood pressure

(duration) number of yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examinations of heart & blood pressure

(Signed) Jas. McCraighill M. D.

Feb, 19 33 (Address) 1806 N. Charles Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL Feb 8 1933

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS McCulloh & Eutaw Sts

M. O. B. 1268-9

87393 HEALTH DEPARTMENT—CITY OF BALTIMORE,

CERTIFICATE OF DEATH

82-E 87393

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Clifton Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Sarah Cline

(a) Residence: No. 3302 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David S. Cline

6. DATE OF BIRTH (month, day, year): July 27, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: Casper Kaufman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Schneider

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Florence Koppel
(Address) 3302 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: Feb. 9, 1933

19. UNDERTAKER: Joseph H. Cook
(Address) 1003 N. Baltimore St.

20. Filed 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1933 to 2-6-1933

I last saw her alive on 2-6-1933. Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/4/33

Other contributory causes of importance:
Coronary attack 2 yrs ago resulting in left Hemiplegia

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Everett Hammond, M. D.

(Address) 714 Frederick Ave., Catonsville

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87394

E 87394

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Olivet Cemetery. St. 20-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wissmann

(a) Residence: No. 4 Tyrone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella May Wissmann

6. DATE OF BIRTH (month, day, year) October 24, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Olivet Cemetery

10. Date deceased last worked at this occupation (month and year) February 1933

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Wissmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hiltenberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella May Wissmann
(Address) 4 Tyrone St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Feb. 9 19 33

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED 7 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6 19 33

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to inquiry 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 9.30A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Hemhardt M. D.
Coroner
(Address) 1017 S. Charles St.

1-30—M. & T.—100 B—501.

E 87395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 87395

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sparaglio

(a) RESIDENCE NO. 142 E Conkling St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant John J. Gahagan Son
(Address) 1318 Light St

15 Filed 1933 Washington Williams, M.D. U.S.P.H.S. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 142 E Conkling

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. P. Hergos M.D., M. D.
Coroner

, 19 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hall

DATE OF BURIAL 2/7 1933

20 UNDERTAKER John J. Gahagan Son

ADDRESS 1318 Light St.

IF NOT IN USE FOR 6 MONTHS, DESTROY. See instructions on back of certificates.

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87396

CERTIFICATE OF DEATH

93-003 E 87396

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Fallon N. Howard St. 11-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Carl Knobelstorf.

(a) Residence: No. 1031 Cathedral St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years 70 | Months | Days | If LESS than 1 day..... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carl Johnson

(Address) 1031 Cathedral

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Mary C. Date Feb 8 1933

19. UNDERTAKER Wm. S. Falkowski

(Address) 2007 Eastern Ave

Filed Feb 8 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on August 7 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. Blum M. D.

Coroner

(Address) .....

M. D. B. 1268-9

E 87397 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87397

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Radnor Ave St. 20-04 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louisa Baker

(a) Residence: No. 2315 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Baker

6. DATE OF BIRTH (month, day, year) March 17/1846

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
a	86	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME V. Dingle

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Webb

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Bradley
(Address) 518 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Loth Meadows Cem Date 2/8/33 19

19. UNDERTAKER C Vernon Lemmon & Son
(Address) 2411 Park Ave

20. FILED 7 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insuffiviency	

Other contributory causes of importance:

Senile Sclerosis etc

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph Wein M. D.
Coroner

(Address) 508 E North Ave

Spec.—1-30—M. & T.—250 Bks

E 87398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87398

CERTIFICATE OF DEATH. 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 E Lanvale ST., 8-01 WARD)

2-FULL NAME Edmund R. Pick

(a) RESIDENCE NO. 2427 E Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12-1931

7 AGE: Years 1 | Months 3 | Days 25/24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edmund Pick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Myrtle Sadman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edmund Pick (Address) 2427 E Lanvale St.

15 Filed 7-1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, to Feb 6, 1933, that I last saw him alive on Feb 6, 1933, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

1. Bronchial pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible], M. D.

Feb 7, 1933 (Address) Maple Ave - Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 8 1933

20 UNDERTAKER: Leo G. Cook — ADDRESS: 1723 N. [illegible]

M. D. B. 1268-9

E 87399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87399

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Weathersmae

(a) Residence: No. 1123 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of Harry Weathersmae

6. DATE OF BIRTH (month, day, year) July 17th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salto (State or country) Md

FATHER

13. NAME Joshua T Knight

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) Un Known (State or country)

17. INFORMANT Harry Weathersmae
(Address) 1123 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 10th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED 8 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1933 to 2-7 1933

I last saw h[illegible] alive on 2-7 1933 Death is said to have occurred on the date stated above, at 9.15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of right side of neck	May 1932
Other **contributory causes** of importance: Respiratory paralysis during anesthesia	2-7-33

Name of operation Biopsy & resection of Tumor Date of 2-7-33

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) J. B. Grove M. D.

(Address) Franklin Square Hospital.

M. D. B. 1268-9

E 87400 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87400

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals Registered No.

CITY OF BALTIMORE: (No. 22-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adele Adams

(a) Residence: No. 667 Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Adams

6. DATE OF BIRTH (month, day, year) 8/20/1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Modern Dress Shop

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Heinrich Abbes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gerald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 8th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 8 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1933 to 2-6 1933

I last saw her alive on 2-6 1933 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix	
& regional	
metastases —	
Pulmonary anemia	
Other contributory causes of importance:	
Bronchopneumonia	2/1/33

Name of operation No Date of —

What test confirmed diagnosis? CE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] City Hospitals

M. D. B. 1268-9

87401 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87401

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No.) Union Memorial Hospital St., ____ Ward)

Length of residence in city or town where death occurred 55 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Louise Lucari

(a) Residence: No. 504 Beaumont Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Lucari

6. DATE OF BIRTH (month, day, year) Dec 25 1884 ~~Feb. 7. 1933~~

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	48	1	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Ky

FATHER

13. NAME John T. Travers

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Thermie Thorpe

16. BIRTHPLACE (city or town) (State or country) Louisville Ky

17. INFORMANT Louise Coates
(Address) 760 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dry Hill Cemetery Date Feb 9th 1933
Wm Cook
1217 E Fayette St

19. UNDERTAKER
(Address)

FEB 8 - 1933 19 Kingston Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h__ alive on ____, 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning (Suicide)	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) John H. Heyman, M. D.

(Address) 7032 Roland Ave

M. D. B. 1268-0

E 87402

87402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evering Hey Snyder

(a) Residence: No. Struven's Run P.O. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Geo F. Snyder

6. DATE OF BIRTH (month, day, year) Aug. 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5c	49.	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Power machine operator Ofc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1/14/33

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Charles W Snyder

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Dayanna Wentzel

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Wife (see above)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb. 9 1933

19. UNDERTAKER Thos. G. Connelly
(Address) Essex, Md.

FILED Feb 11 1933 Lillington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/33, 19 33, to 2/5/33, 19 .....

I last saw h.. alive on 2/5/33, 19 ..... Death is said to have occurred on the date stated above, at 8:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningeal Hemorrhage (Coma)	1/14/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Stevens M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 87403

E 87403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9-01 Ward)

26 hrs.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Williams

(a) Residence: No. Nordbine Ave. St., Colgate md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 - 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel L. Williams

14. BIRTHPLACE (city or town) (State or country) Balto. md.

MOTHER

15. MAIDEN NAME Christina Sauer

16. BIRTHPLACE (city or town) (State or country) Balto. md.

17. INFORMANT Daniel L. Williams

(Address) Colgate md.

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands Date Feb. 10 1933

19. UNDERTAKER John G. Connelly

(Address) Essex md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7 1933

22. I HEREBY CERTIFY, That I attended deceased from February 6 1933 to February 7 1933

I last saw h[illegible] alive on February 7 1933 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) History of influenza	
(2) Biliary calculus: intrahepatic	?
(3) Acute degenerative hepatitis	?
(4) Profound jaundice	

Other contributory causes of importance:

Toxaemia due to obstruction & jaundice.

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Josephs Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87404 | 87404

CERTIFICATE OF DEATH

V 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 Eutaw Place) (Ward) 13-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Libbie E. Barton

(a) Residence: No. 2452 Eutaw Place St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac D. Barton

6. DATE OF BIRTH (month, day, year): Sept 17th 1860

7. AGE: Years 72 | Months 4 | Days 24 | 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Louis Evans

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Buckingham

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Harold Hardinge Jr.

(Address) 2450 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: 7/8/ 33

19. UNDERTAKER: H. Maurice Rostron

(Address) Park Ave. & Biddle St.

20. FILED ... 19 ... Registrar.

JUL 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/6/ 33

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1932 to Feb. 6 1933

I last saw h... alive on 7/6 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Coronary occlusion	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Dorad M. D.

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9

87405

HEALTH DEPARTMENT—CITY OF BALTIMORE

87405

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 E. Rutland Ave St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas L. Stevens

(a) Residence: No. 1811 E. Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Elizabeth L. Stevens

6. DATE OF BIRTH (month, day, year) Dec 23rd 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	1	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nicholas Stevens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne Eastburn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth L. Stevens Wife
(Address) 1811 E. Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery 2/9/33

19. UNDERTAKER H. Maynard Ashton
(Address) Fort Ave & Bayview Ave

20. FILED FEB 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/33

22. I HEREBY CERTIFY, That I attended deceased from July 31 to February 6 1933

I last saw him alive on February 6 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	
a) Cerebral Hemorrhage	12 hrs. duration

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) David Turner, M. D.

2/7/33 (Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

87406 Elvira Joyce F 87406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Druid Hill Ave St. 17-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elvira Joyce

(a) Residence: No. 2122 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown 1887

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
46				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Va
(State or country)

FATHER

13. NAME William James

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Virginia Briggs

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Rev Moffatt T. Joyce
(Address) 4506 St. George Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Fair View Cemetery Date Feb 8, 1933

19. UNDERTAKER Archibald E. Haddis
(Address) 2101 Mc Culloh St.

FILED 8-1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Feb 6, 1933
last saw her alive on Feb 5, 1933 death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis and Myocarditis	1-3-33
Other contributory causes of importance:	

Name of operation none Date of none

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. E. Hall, M. D.

(Address) 426 E. 93 St.

M. D. B. 1268-9

E 87407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87407

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N. Parrish 14-ab Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Graham Pinder

(a) Residence: No. 526 N. Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Pinder

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	57	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Pinder

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabella Wilks

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sadie Pinder
(Address) 1527 Hyde Pk

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Feb 8 3, 1933

19. UNDERTAKER Warren E. Enright
(Address) 527 Carrollton Ave

DATE RECEIVED FEB 8 1933 Arlington Hillcrest, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... month is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
3 Days	

Other contributory causes of importance:

Name of operation Negative Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. C. Lynch Coroner, M. D.

(Address) ...

AACo. 5-31 250B

E 87408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87408

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 Madison St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James R. Woodland

(a) Residence: No. 2431 Madison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Woodland

6. DATE OF BIRTH (month, day, year) July 29 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Joseph C. Woodland

14. BIRTHPLACE (city or town) (State or country) St. Mary Co

MOTHER

15. MAIDEN NAME Cecelia Young

16. BIRTHPLACE (city or town) (State or country) St. Marys Co

17. INFORMANT Mamie Mitchell (Address) 1420 N. Fulmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Feb 10 1933

19. UNDERTAKER Thomas E. Wright & Co (Address) 1001 Carswell Ave

FILED ... 1933 ... Registrar

88-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1933, to 2/7, 1933

I last saw him alive on 2/6, 1933 death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ... M. D.

(Address) 2136 ...

M. D. B. 1268-9

87409 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87409

CERTIFICATE OF DEATH

✓ 105

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 N. 27 St. 17-ol (Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth, ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Clara E. Marston

(a) Residence: No. 502 N. 27 St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	8.	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Ost

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Thos R. Marston

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Clara E. Burnes

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Clara E. Marston
(Address) 502 N. 27 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Manor Cemetery Date Feb 9 1933

19. UNDERTAKER Walter Davis
(Address) 3412 Eastern Ave

20. FILED Feb 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Feb 6. 1933.
I last saw h.. alive on Feb 6. 1933. Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Glottis	1 day.
Pulmonary Edema	2 hrs.
Uremia	2 days.
Other contributory causes of importance: Malignant Hypertension	1 year.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify
(Signed) Aaron Wiseman M. D.
(Address) 2902 Huntingdon Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87410

CERTIFICATE OF DEATH

E 87410

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N. Caroline St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 63 yrs. ..... mos. ..... ds.

2. FULL NAME William Bursnall

(a) Residence: No. 1224 N. Caroline St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Emma L. Bursnall

6. DATE OF BIRTH (month, day, year) May 18, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hoschild & Kohn

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Bursnall

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lucy Dewey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. G. Bursnall

(Address) 1624 E. 32nd. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Feb. 10 1933

19. UNDERTAKER Wm. C. Black

(Address) 927 N. Broadway.

20. FILED FEB 8 - 1933 for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from February 3 1933 to February 7 1933

I last saw him alive on February 6 1933, Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 2

Other contributory causes of importance:

Cardiac Dilatation	Feb. 6

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ✓ ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

one If so, specify .....

(Signed) Benj. D. Hayden M. D.

(Address) 216 N. Caroline St.

M. D. B. 1268-9

E 87411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87411

CERTIFICATE OF DEATH

✓ 93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 N. Montford Ave. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna A. Flaherty

(a) Residence: No. 1622 N. Montford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward P. Flaherty

6. DATE OF BIRTH (month, day, year) Aug 30/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Staubitz

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Catherine Fetz

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Edward P. Flaherty
(Address) 1622 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Feb. 10, 1933

19. UNDERTAKER John A. Morgan
(Address) 3000 E. Baltimore St.

FEB 8 - 1933

20. FILED Huntington Indiana, Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Chr Myocardial Insufficiency	???
Reported Hypertension etc	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Joseph Haines, M. D.

Coroner

(Address) 506 E Fayette

1-30—M & T—100 B—50L

E 87412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87412

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 W. Pratt St. ST. 19-01 WARD)

2-FULL NAME Lee Huy.

(a) RESIDENCE NO 1814 W. Pratt St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---- mos. -- ds. How long in U. S., if of foreign birth? 15 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a If married, HUSBAND of XXXXXXXX Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundry man.
(b) General nature of industry, business, or establishment in which employed (or employer): 041
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): China.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Lee Wah.

(Address): 207 W. Mulberry St.

15 FEB 8 - 1933 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Acute dilatation of the heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Steinkraus, M. D. Coroner

2/6/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery — DATE OF BURIAL: Feb 8 1933

UNDERTAKER: John F. Denny — ADDRESS: 715 Light

TION is very important. See instructions on back of certificate. ... may be properly classified. Part Statement of OCCUPA-

M. D. B. 1268-9

E 87413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87413

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 N North Ave 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas J. MacClain

(a) Residence: No. 2106 N North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 1887

7. AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) D

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London Eng

FATHER

13. NAME Wm Mackelvie

14. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

MOTHER

15. MAIDEN NAME Anna Sinclair

16. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

17. INFORMANT Harry MacClain

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date 2/9/33 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 2127 E. Baltimore St

20. FILED 2-8-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. B. 1268-9 Read instructions on back of certificate. Be very important. See

7414

M. H. B. 1246-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 87414

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Lansing Ave. St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Thawley

(a) Residence: No. 1719 Lansing Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Edward Thawley

6. DATE OF BIRTH (month, day, year): Feb. 18, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	II	I9	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Queen Ann County Maryland

FATHER

13. NAME: William Greenley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Elizabeth Thawley
(Address) 1719 Lansing Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb.8, 1933

19. UNDERTAKER George J. Dutt Inc
(Address) 1313 Pennsylvania Ave

20. FILED 2-8-1933 Huntington Woods, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	??
Cardiac Failure	
Other contributory causes of importance: "History" of Chr Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Calver M. D.
Coroner

(Address) 508 E Fort Ave

Spec.—9-30—A. & Co.—250 Bks.

87415 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87415

CERTIFICATE OF DEATH 92-001

1-PLACE OF DEATH 707 W Fayette St

CITY OF BALTIMORE: (No. 1617 Race ST 23rd)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Kinsey

(a) RESIDENCE NO. 1617 Race ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	11	24 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) France

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) France
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mrs. Florence Fuley
(Address) 707 W. Fayette St.

15 Filed ... 19 ...

B8-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1933

17
I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to Feb. 5, 1933
that I last saw her alive on Feb. ..., 1933
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite
(duration) yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) R. L. Campbell M. D.
2/6 1933 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	2/9/33

20 UNDERTAKER Geo. Lemlach ADDRESS 525 N. Fyrdale Ave.

FROM is very important. See instructions on back of certificates.

M. D. B. 1208-9

E 87416 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87416

CERTIFICATE OF DEATH

54-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Penhurst St. 28-41 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Day Brasmer

(a) Residence: No. 4303 Penhurst Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Thomas E Brasmer

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Alice Day

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Lillie Brasmer
(Address) 4303 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 10 1933

19. UNDERTAKER Joseph Lefler
(Address) 1611 N. Gilmor Ave

20. FILED ..... Registrar.

38 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Feb 7 1933

I last saw her alive on Feb 6 1933. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of brain	?
Spastic paralysis right arm & leg - direct	Dec 20 1932
Broncho Pneumonia (Feb 6	
Other contributory causes of importance:	
Hypertension	1931

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Walter S. Tuttle M. D.

(Address) 222 Harrison

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-12 23—M&T—500 Bks.

Agnes E Carter

87417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87417

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 E 23rd St., 9-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes E. Carter

(a) RESIDENCE NO. 403 E. 23rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 3 1915

7 AGE — Years: 18 — Months: 8 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George H. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Josephine Chew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Josephine Carter

(Address): 403 E 23rd St.

15 Filed: 8-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932, to Feb 5, 1933,

that I last saw h[illegible] alive on Feb 5, 1933,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home & Dentch

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Test

(Signed) L A Gibson M. D.

, 19 (Address) 23 E Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: Feb 8 1933

20 UNDERTAKER: Mrs R. J. Elliott

ADDRESS: 1129 N Caroline

THIS is very important. See instructions on back of certificates.

M. D. B. 1268-9

87418 E. 87418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4602 Glenarm Ave. St. 27-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. C. Lamb

(a) Residence: No. 4602 Glenarm Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Lamb

6. DATE OF BIRTH (month, day, year) Nov. 5, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thos. Wm. Lamb

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Charlotte A. Ely

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Charlotte A. Overside

(Address) 4602 Glenarm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/6 1933

19. UNDERTAKER Frederick Lasagna

(Address) 240 E. Hamburg St.

8 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1933 to Feb 8 1933

I last saw h[illegible] alive on Feb 7 1933 Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 8

Other contributory causes of importance:

Arteriosclerosis	—

Name of operation Physical Signs Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Feb 8 1933 (Signed) H. E. Hamer M. D.

(Address) 1301 N. Ralph Bal[illegible]

OCCUPATION is very important. See instructions on back of certificate.

E 87419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Stanbury Hughes

(a) Residence: No. 1012 Brantley Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16, 1902

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	30	11	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abe Hughes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Agnes Stanbury (mother)
(Address) 1012 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL
St. Mary Cemetery Undertakers Co. Md.
Place ..... Date Feb 9, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED ..... 19 ..... Registrar.

FEB 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Feb 5, 1933

I last saw her alive on Feb 5, 1933. Death is said to have occurred on the date stated above, at 8 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?

Other contributory causes of importance:

Secondary Anemia	?
Ulcerative Stomatitis	?

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. F. Burns, M. D.

(Address) Mercy Hospital

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

87420

HEALTH DEPARTMENT—CITY OF BALTIMORE

87420

CERTIFICATE OF DEATH

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Apts St. 12-01 Ward)

Length of residence in city or town where death occurred, 73 yrs. 10 mos. 10 dds. How long in U. S. If of foreign birth? 73 yrs. 10 mos. 10 dds.

2. FULL NAME Katherine Burks Myers

(a) Residence: No. Greenway St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Myers

6. DATE OF BIRTH (month, day, year) March 28 1859

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none | 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. Burks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eleanor M. Col

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Sallie B. Cushing daughter

(Address) Greenway Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date Feb 9 1933

19. UNDERTAKER Stewart & Company

(Address) Eutaw Place & Lanvale St

Filed FEB 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to Feb 7 1933

I last saw her alive on Feb 7 1933 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	Jan 32

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Peggy M. D.

(Address) 2105 N Calvert st

Spec.—12-9-25—A Co.—200 Bks.

87421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87421

CERTIFICATE OF DEATH.

93-004

REGISTERED NO._____

1-PLACE OF DEATH Home Sr. Stephen's

City of BALTIMORE: (No. 15 S. Mount St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Magdalen St. John (Mary Dore)

(a) RESIDENCE NO. 15 S. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 29, 1853

7 AGE: Years 79 | Months 6 | Days 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sewing 069

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Co. Limerick

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Edward Dore

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Costello

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Sisters of Good Shepherd

(Address): 15 S. Mount St.

15 Filed 8-1933 at Huntington, Wilicox, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to Feb 7th, 1933, that I last saw h.. alive on Feb 7th, 1933, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Pulmonary edema

(duration) .....yrs. .....mos. 7 .....ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) 5 yrs. .....mos. .....ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Hyaline casts

(Signed) J. Cadaland, M. D.

Feb 8, 1933 (Address) 1307 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial 2/9 1933

20 UNDERTAKER: John J. Flaherty Son — ADDRESS 1318 Light St

AACo. 5-31 250B

87422

HEALTH DEPARTMENT—CITY OF BALTIMORE

87422

CERTIFICATE OF DEATH

121 E

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N Washington St, Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Ruth Michel

(a) Residence: No. 218 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 21-1929

7. AGE: Years 3 | Months 7 | Days 17/16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Joseph L. Michel

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Madeline Mendelson

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Joseph L. Michel
(Address) 218 N Wash St

18. BURIAL, CREMATION, OR REMOVAL: Hayfield Date 2-3 19...

19. UNDERTAKER: J. J. Devereaux
(Address) 1500 Eutaw Ave

20. FILED ... Registrar

LB 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Feb 7, 1933

I last saw h[er] alive on Feb 7, 1933 death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis	Dec
acute suppurative	1932
appendicitis	

Other contributory causes of importance:

Blood Stream Infection	1 week
	1-30-33

Name of operation appendectomy Date of 1-28-33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward ... M. D.

(Address) 413 N Howard St

M. D. B. 1268-9

87423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87423

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 E. Preston St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 32 yrs. - mos. - ds. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME William O'Neill

(a) Residence: No. 3 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --- Vermont

MOTHER FATHER

13. NAME Patrick O'Neill

14. BIRTHPLACE (city or town) (State or country) --- Ireland

MOTHER

15. MAIDEN NAME Bridget ---

16. BIRTHPLACE (city or town) (State or country) --- Ireland

17. INFORMANT Mrs. Catherine B. Coale

(Address) 3 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Bristol, Vermont Date 2/8 1933

19. UNDERTAKER Henry W. Mears and Son

(Address) 802 N. Eutaw St. & Fr. Hamilton Matthews, N.Y.

8-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1929 to 2-8 1933

I last saw h[illegible] alive on 2-7 1933. Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1920 ?
HYPERTENSION	1920 ?
CHR. MYOCARDIAL DISEASE	1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Jones M. D.

(Address) 1129 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

Via Penn. Railroad Escort - Mrs. Catherine B. Coale

AdCo. 5-31 250B

E 87424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87424

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 19 ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mr Francis P Curtis

(a) Residence: No. 1121 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Josephine Kelly

6. DATE OF BIRTH (month, day, year) July 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John S. Curtis

14. BIRTHPLACE (city or town) -------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Annastacia Dowling

16. BIRTHPLACE (city or town) -------
(State or country) Ireland

17. INFORMANT Mrs. M. Josephine Curtis
(Address) 1121 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/2/10 19 33

19. UNDERTAKER Henry U. Mears and Son
(Address) 203 N. Calvert St.

20. FILED Huntington Williams, M.D. Registrar.

B-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1933, to 2/7, 1933

I last saw him alive on 2/7, 1933 death is said to have occurred on the date stated above, at 7 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Metastasis.	
Other contributory causes of importance:	
Senility	
Starvation	1/20/33

Name of operation Laparotomy Date of 1/26/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Aloha H. Carrollton M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87425

CERTIFICATE OF DEATH

E 87425

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Wilmer St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Williams

(a) Residence: No. 1624 Wilmer St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	Clr	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Levy Wilkins

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
33	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Levy Wilkins
(Address) 1624 Wilmer St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/9 19 33

19. UNDERTAKER David Forstone
(Address) 916 Pennsylvania Ave

Filed 19 Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	6 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner. M. D.
(Address) ...

Spec.--1-10-21--M&T--1500 Blks.

E 87426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87426

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1837 N Bond (ST.) 8-01 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J Carter

(a) RESIDENCE NO. 1837 N Bond ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Carter

6 DATE OF BIRTH (month, day, and year) Unknown 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil County Maryland

PARENTS

10 NAME OF FATHER William Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Dempsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Carter (Address) 1837 N. Bond St.

15 [illegible] Registrar

8 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 .1933. to Feb 7 .1933.

that I last saw h living on Feb 6 .1933.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cardio, Valvular, Renal

From history about a year and a half (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Fred K Jewett M. D.

. 19 (Address) 2546 Penna. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb 10th 1933

UNDERTAKER Chas K Brandt Son

ADDRESS 1104 N Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87427

CERTIFICATE OF DEATH

E 87427

79-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? Life mos. ds.

2. FULL NAME Daniel Balcer

(a) Residence: No. 3033 Mayfield Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) October 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
X	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Balcer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Whiteman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Balcer

(Address) 3033 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Feb 10 1933

19. UNDERTAKER Wm S. Fialkowski

(Address) 200 [illegible] Washington Boulevard

20. FILED 8-1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1933 to Feb 8 1933

I last saw h[illegible] alive on Feb 8 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	2/7/33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennedy M. D.

(Address) St Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Reinardt ✓

E 87428

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87428

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2103 S. Wilkens Ave (St.) 20-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Reinardt

(a) RESIDENCE NO. 2103 - Wilkens Ave (St.) 20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Reinhardt

6 DATE OF BIRTH (month, day, and year) 2-9-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
68	67	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Pat Hegarty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Mary Murphy

(Address) 2103 Wilkins Ave

15 8-1933 Huntington Mar. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 5 1933

17 I HEREBY CERTIFY, That I attended deceased from September 1, 1933, to Febry 5 - 1933, that I last saw her alive on Febry 5 - 1933 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows: Asthma Bylens. Hemoplegia Hypostatic Pneumonia. Myocarditis Chr. Nephritis Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Nathan Reiter M. D.

(Address) 2151 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters

DATE OF BURIAL: 2/9/1933

20 UNDERTAKER: H B Cunningham

ADDRESS 1136 Poplar Grove St

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87423 E 87423

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 21-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Goldberg

(a) Residence: No. 611 Archer St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Goldberg ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Goldberg

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Carrie Goldberg

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2-6 1933
Place Johnson Cemetery 4th

19. UNDERTAKER Elroy J Wilson
(Address) 1000 Brantley

20. FILED Washington Hillcard, Asst. 2-6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-31-1933 to 2-5-1933

I last saw him alive on 2-5-1933 Death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-1-33

Other contributory causes of importance:

Diabetes mellitus	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-6-33 (Signed) Elmer Highbarger M. D.

(Address) Balto. City Hospitals

FILL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-6

E 87430

26952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87430

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mariano Daniel Guerrero

(a) Residence: No. 601 Columbia S. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Colombia

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South America
(State or country)

FATHER

13. NAME Spain

14. BIRTHPLACE (city or town) Asturias
(State or country)

MOTHER

15. MAIDEN NAME Martin

16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Buenaventura, Colombia Date 2/10/33 19

19. UNDERTAKER Geo. M. Smith & Son
(Address) 516 N. Wolfe St.

20. Filed 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 , 1933, to Feb. 8 , 1933

I last saw him alive on Feb. 8 , 1933 Death is said to have occurred on the date stated above, at 1:47 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Cerebral, Malignant	Jan. 1932
Other contributory causes of importance:	
Bronchial pneumonia	Feb. 4, 1933
Femoral Thrombosis, bilateral	

Name of operation Sig. Cystotomy Date of 2-1-33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. K. Worthington M. D.

(Address) Johns Hopkins Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 87431 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87431

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Ducker Court St. 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin . Brukiewa (Brooks)

(a) Residence: No. 2007 Ducker Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Michael . Brukiewa (Brooks)

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Genevieve . Gos

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs . Genevieve . Brukiewa (Brooks)
(Address) 2007 Ducker Court

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 9 1933

19. UNDERTAKER John H. Weber
(Address) 401 S. Chester St

20. FILED ..... 19 ..... Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1933, to Feb. 8, 1933
I last saw him alive on Feb. 8 1933 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan. 30-32
Other contributory causes of importance: Myocardial insufficiency	Feb. 6-33

Name of operation None Date of .....
What test confirmed diagnosis? P.M.S. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John V. Feerbacher, M. D.
(Address) 1802 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

87432 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87432

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E Montgomery St. 27-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Bower

(a) Residence: No. 13 E Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Guttle Herwitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sadie Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Bower

(Address) 13 E Montgomery st

18. BURIAL, CREMATION, OR REMOVAL

Place Levi Washington Pk Date Feb 9, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

Huntington Williams Reg.

20. FILED Feb 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1932 to Feb 8, 1933

I last saw her alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1931
	Feb 6 1933

Other contributory causes of importance:

Cardiac dilatation
? Pulmonary edema

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw pl

Registrar.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87433 E 87433

CERTIFICATE OF DEATH

82-001

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Schroeder St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Williams

(a) Residence: No. 107 N. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa Williams

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Andrew Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Warren

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm. Warren

(Address) 905 N. St. NW. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Feb 9, 1933

19. UNDERTAKER Mrs Ged H Holland

(Address) 1121 Druid Hill Ave

20. FILED 8 1933 Huntington Williams NT Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87434 Med — E 87434 — 131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ... St. 1-01 ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ford L Anderson

(a) Residence: No. Warrenton Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	64	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Anderson
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Frances Evans
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Warrenton Va Date Feby 8 ... 1933

19. UNDERTAKER John O Mitchell & Son
(Address) 1701 Eutaw Place

20. FILED ... 19... Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1933 to Feb 8 1933
I last saw him alive on Feb 8 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Nephritis	
Cerebral failure	
Other contributory causes of importance:	
Cerebral hemorrhage	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ralph G Hills M. D.
(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSES OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-B

E 87435

E 87435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E. 20th St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Margaret E. Cragg

(a) Residence: No. 204 E. 20th St., Ward. 12-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) -------

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	84	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph Cragg

14. BIRTHPLACE (city or town) -------
(State or country) England

MOTHER

15. MAIDEN NAME Rebecca Loeffler

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. John A. Hartman
(Address) 612 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 2/9, 19 33

19. UNDERTAKER Kirby & Myers and Sons
(Address) [illegible]

20. FILED FEB 9 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/1933

22. I HEREBY CERTIFY, That I attended deceased from 2.4, 1933, to 2.7, 1933

I last saw her alive on 2.7. 1933 Death is said to have occurred on the date stated above, at 8.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis	?
Cardio-vascular Renal Disease	2.6.33
Cerebral Hemorrhage	

Other contributory causes of importance:

Carcinoma 2 uterus	?
Chronic Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1331 E. North Ave.

FEB 9 - 1933

M. D. B. 1268-0

E 87436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87436

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2448 Maryland Avenue 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 70 yrs. - mos. - ds. How long in U. S. If of foreign birth 70 yrs. - mos. - ds.

2. FULL NAME Mary Kennedy

(a) Residence: No. 2448 Maryland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) May 4, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	8 9	29 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) -------- Ireland

FATHER

13. NAME Patrick Kennedy

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Bridget Connors

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Mary G. Vandeleur

(Address) 2448 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/10 1933

19. UNDERTAKER Henry H. Meade & Son

(Address) 800 N. Calvert St

Filed 2-9-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1933 to July 7th 1933

I last saw her alive on July 7th 1933 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-4-33
Other contributory causes of importance:	
Arteriosclerosis	1926

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. E. Cross M. D.

(Address) 28 W 25th St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

E 87437.

87437 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 133

Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Turney

(a) Residence: No. 2118 Cambridge St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pat Turney

6. DATE OF BIRTH (month, day, year) 12-16-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	67	-1	-1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sewing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) York Pennsylvania

FATHER

13. NAME William Hope

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Angelina Henry

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 2/10/33

19. UNDERTAKER Jno. Coad & Son
(Address) 2124 Pennsylvania Ave.

20. FILED H. Livingston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1933 to 2-7-1933

I last saw h[illegible] alive on 2-7-1933 Death is said to have occurred on the date stated above, at 2:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerosis	
	now
Other contributory causes of importance: acute hypostatic pneumonia in suffocation	1-21-33
Pneumothorax	2-2-33

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-7-33 (Signed) Ellen Highbarger M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D-1933

M. D. B. 1268-9

87438 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B87438

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Balt in M City Hospitals V114-002

CITY OF BALTIMORE: (No. Balt in M Md St. 18-04 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Camille Martin

(a) Residence: No. 950 W. Franklin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? 1902

6. DATE OF BIRTH (month, day, year) 1/27/?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Hazel Nickens

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

17. INFORMANT Records Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 11 1933

19. UNDERTAKER James A Sayes
(Address) 1422 Division St.

20. FILED 2-9-1933 Anthony P. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1933 to 2-7, 1933

I last saw h. alive on 2-7, 1933 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of lung	12-1-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-7-33 (Signed) Clem Highberger M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 87439

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87439

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N Stricker St. 16-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy A. Fields

(a) Residence: No. 817 N Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Fields

6. DATE OF BIRTH (month, day, year) Jan 17. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Nancy Robinson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Fields
(Address) 817 N. Stricker st

18. BURIAL, CREMATION, OR REMOVAL
Place Wpat Thews Co Date of Feb 9 1933
to

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st

FILED 1933 ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933 to Feb 7, 1933
last saw h[illegible] alive on Feb 6, 1933 death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	June 1932
nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how? .....

(Signed) [illegible], M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87440

HEALTH DEPARTMENT—CITY OF BALTIMORE

87440

CERTIFICATE OF DEATH

E 95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 W. Baker St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmonia Robinson

(a) Residence: No. 1524 W. Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Robinson

6. DATE OF BIRTH (month, day, year) July 8, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Patrick Robinson

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Isaac Robinson

(Address) 1524 Baker

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral cemetery Date Feb 11 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED FEB 13 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1- 1932 to 2-7- 1933

I last saw h.er alive on 2-6- 1933 Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. J. Lamper M. D.

(Address) 1717 N. Carrollton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-5

87441

E 87441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Hill

(a) Residence: No. 526 N. Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lawlen Hill

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Lucie E. Wilson

(Address) 1000 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemet Date 2/9/33, 19

19. UNDERTAKER E O Wilson

(Address) 1000 Brantley ave

20. FILED 2/9/33, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1933 to 2-7, 1933

I last saw h[illegible] alive on 2-7, 1933. Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	

Other contributory causes of importance:

Name of operation None performed Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87442

CERTIFICATE OF DEATH

V 122-001

1. PLACE OF DEATH West Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. Orleans & Rugby Sts.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Berger

(a) Residence: No. 2127 Eagle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lena Berger

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Edward Berger

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Baila

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Mozansteen

(Address) 4334 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 2-9 1933

19. UNDERTAKER Jack Levin Inc.

(Address) 1727 E Baltimore St

20. FILED 19 Registrar.

FEB 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8/33 19

22. I HEREBY CERTIFY, That I attended deceased from 2/7/33 19 to 2/8/33 19

I last saw h. alive on 2/8/33 19 Death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative Shock	Thr.

Other contributory causes of importance:

Strangulated Hernia
Intestinal Obstruction
Resection Gangrenous Intestine

Name of operation Intestine Date of 2/6/33

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Lut C Bittle M. D.

(Address) 1241 Bolton St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 87443 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87443

CERTIFICATE OF DEATH

v 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Jerkowitz

(a) Residence: No. 2512 Tyrola Southway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4	8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Leon Berkowitz
14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Sarah Cohen
16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Where Levering Rems Date 2-9 ... 33

19. UNDERTAKER Clark Funeral Inc
(Address) 1730 E Balto St.

20. FILED FEB 9 1933 Lincoln Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 ... 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 ... 1933 ... to Feb 8 ... 1933

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis Diffuse Peritonitis	
Other contributory causes of importance: Bronchopneumonia	

Name of operation Appendectomy Drainage Date of 2-5-33

What test confirmed diagnosis? lab Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. R. Cohen M. D.

(Address) Sinai Hospital

M. D. H. 1268-9

87444

HEALTH DEPARTMENT—CITY OF BALTIMORE

87444

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 N. North ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME David Waller

(a) Residence: No. 1914 N North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) Mar 10, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10.	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mort

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Isaac Waller, Brother
(Address) 1915 E. North St

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Rd. Date 2-9-33 19

19. UNDERTAKER Enoch Lewis Inc
(Address) 1439-41 E. Baltimore St

20. FILED FEB 9 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1933

22. I HEREBY CERTIFY, That I attended deceased from February 8 1933 to February 8 1933

I last saw him alive on Feb. 8 1933 Death is said to have occurred on the date stated above, at 10.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Cochman M. D.

(Address) 1914 W. North ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 164-001

E 87445

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5812 Park Hgts. Ave. St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Blinchikoff

(a) Residence: No. 5812 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Blinchikoff

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bertha Blinchikoff (Wife)
(Address) 5812 Park Hgts. Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 2-9-33, 19....

19. UNDERTAKER Jack Levine Inc.
(Address) 1739 E. Balto. St.

20. FILED ..... 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Suicide

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Herman Blinchikoff M. D.
Coroner

(Address) 1612 Robert Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87446 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87446

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.

2. FULL NAME Mary Roppelt

(a) Residence: No. 1308 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Roppel

6. DATE OF BIRTH (month, day, year) Sept. 12 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr. Gephardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs. Gephardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John. J. Roppelt

(Address) 1308 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 17, 1933

19. UNDERTAKER Henry Koch Sons Inc

(Address) 1301 E Eager St

Filed 19 Registrar.

FEB 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1933, to 2-7, 1933

I last saw her alive on 2-7, 1933. Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1926
Other contributory causes of importance: Diabetes gangrene R foot	Dec 1932

Name of operation Amputation of toes Date of 12-30-32

What test confirmed diagnosis? Sugar in Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. B. Grove, M. D.

(Address) Franklin Square Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 87447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87447

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 ..... Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Matthews

(a) Residence: No. 315 North Edon Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carrie Matthews

6. DATE OF BIRTH (month, day, year): Feb. 3, 1879

7. AGE: Years 54 | Months 0 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Matthews

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Louisa Simpson

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Feb 9th 1933

19. UNDERTAKER: Byrom & Mamie Wright
(Address) 1218 Pac Elderry St

Filed ..... 1933 ..... Registrar.

B 8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1932 to Feb 5, 1933
I last saw him alive on Feb 5, 1933 Death is said to have occurred on the date stated above, at 2.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Kidney	1931

Other contributory causes of importance:

Bronchopneumonia	2/3/33
Arteriosclerosis	3
Cachexia	1932

Name of operation ..... Date of 10/19/32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Emmy Boyce Schaefer M. D.

(Address) Bolto city Hospt

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

1305 Patterson Park Ave

E 87448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E [redacted] E [redacted]

E 87448

CERTIFICATE OF DEATH

V 36

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delcina Duff

(a) Residence: No. 3314 Toast St Fairfield. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ernest Duff

6. DATE OF BIRTH (month, day, year) March 16, 19[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hr. or ... min.
31	9 10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Dan McClaire

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Ann Dugan

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ant Calvary Date Jul 9 19 33

19. UNDERTAKER Potts & Williams

(Address) 1515 Edmondson Ave

20. FILED Jul 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/23 1933 to 2 4 1933

I last saw her alive on 2/4 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injected Lung. (Germ)	1/23/33
Other contributory causes of importance: Septicemia, Strep Coccus	1/23/33

Name of operation Incision & drainage of Abscess

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 87449 (Permits) HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 87449

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1444 Riverside Ave ST., 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa M. Garvey

(a) RESIDENCE NO. 1444 Riverside Ave ST., 24th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Daniel E. Garvey.

6 DATE OF BIRTH (month, day, and year): Jan 31, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Bauernfeind.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Anna Hoffman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Louis Kalb
(Address): 1444 Riverside Ave.

15 Filed FEB 9 - 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 7, 1933

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1933, to February 7, 1933, that I last saw her alive on February 7, 1933 and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic parenchymatous Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

Feb 8, 1933 (Address) 1319 Light St., Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 2/10 1933

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Light St.

important. See instructions on back of certificates.

M. D. B. 1268-0

E 87450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87450

CERTIFICATE OF DEATH

V 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4206 Roland Ave. St. 13-91 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald Sayre Shafer

(a) Residence: No. 4206 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Richards

6. DATE OF BIRTH (month, day, year) Sept. 26, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Archibald S. Shafer

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary Sayre

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. Archibald S. Shafer
(Address) 4206 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Feb. 10, 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to Feb. 8 1933
I last saw him alive on Feb 6 1933 Death is said to have occurred on the date stated above, at 9-15 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Other contributory causes of importance:
Obstruction ulceration Lesion of the Prostate Malignant

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Prentiss M. D.

(Address) 634 Gramercy Av

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 87451

HEALTH DEPARTMENT—CITY OF BALTIMORE

87451

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. md St., 96-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Brown

(a) Residence: No. no Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-24-70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	63	- 1	— 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. advertising writer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 08

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Marie Frederick

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. city Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] College Date Feb 9 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-3-1933 to 2-5-1933

I last saw him alive on 2-5-1933. Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-2-33
Other contributory causes of importance: Diabetic coma	2-2-33
Diabetes mellitus	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-6-33 (Signed) Elmer Highsmith M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 9 1933

0141

M. D. B. 1268-B

E 87452 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87452

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. 15

CITY OF BALTIMORE: (No.) St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawlis Woodburn

(a) Residence: No. 1415 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? — 0&1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sch. Med College Date Feb 9 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED 2-10-33 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1933 to 2-4 1933

I last saw h[illegible] alive on 2-4 1933 Death is said to have occurred on the date stated above, at 8 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Psychosis c Somatic	?
Cirrhosis chronic alcoholism	?
Emphysema	3 years
Other contributory causes of importance:	
Toxemia	
Respiratory failure	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

M. D. B. 1269-0

E 87453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87453

CERTIFICATE OF DEATH

T 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Md St. 76-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Cooper (Cooper)

(a) Residence: No. 918 Edison St St., Ward. A.A.Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62 Est 23	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

FATHER

13. NAME Sam Cooper

14. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

17. INFORMANT Record Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, REMOVAL 2-15/33

Place Penn Med College Date Feb 9 19 33

19. UNDERTAKER Paul J. Hensley 578 N Bradford

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1933 to 2-6 1933

I last saw h alive on 2-6 1933 Death is said to have occurred on the date stated above, at 4:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Myocardial insufficiency congestion	2-4-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-6-33

(Signed) Edwin Steinberger Jr. M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

87454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87454

CERTIFICATE OF DEATH

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Carroll Park. ST., 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A.Kiel.

(a) RESIDENCE NO 798 Grantley St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~married~~ widowed, ~~wife~~ HUSBAND of Nellie L.Kiel.

6 DATE OF BIRTH (month, day, and year) April 2,1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Sergeant 61
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore, City.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles F.Kiel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Brunner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Edward A.Branning.

(Address) 1136 Poplar Grove St.

15 Filed 2/9 1933, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8,1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain. Pistol shot wound of the Head.
Suicide while temporarily deranged,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D. Coroner

2/9/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

20 UNDERTAKER H. Branning Son

DATE OF BURIAL 2/11 1933

ADDRESS 1136 Poplar Grove

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state manner about to be carefully supplied.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87455

CERTIFICATE OF DEATH

E 87455

Registered No. 210-8823

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mervin L. Karber

(a) Residence: No. Hamilton Ave & 32nd St Rosedale P.O. Balto. Co. Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 17, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	10	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME George A Karber

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Anna Fredrich

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT George A. Karber

(Address) Hamilton Ave & 32nd St

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Mem. Park Date Feb 10, 1933

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

Feb 9 1933 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury . 19 . to . 19 .

I last saw h alive on injury . 19 . Death is said to have occurred on the date stated above, at 2 07 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/7/33
Ruptured liver	

Other contributory causes of importance:

Automobile accident	2/2/33

Name of operation Laparotomy Date of 2/2/33

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/2/33

Where did injury occur? Phila Rd at Eden Ring (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking on Phila Rd.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87456 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 3

9 D 87456

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 Wilson St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Lee Armsby Pearson

(a) Residence: No. 146 Wilson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur H. Pearson

6. DATE OF BIRTH (month, day, year) Nov. 7 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Compton N.H.

FATHER

13. NAME Lauren Armsby

14. BIRTHPLACE (city or town) (State or country) N.H.

MOTHER

15. MAIDEN NAME Eliza Lee Hale

16. BIRTHPLACE (city or town) (State or country) N.H.

17. INFORMANT Miss Ruth Lee Pearson

(Address) 146 Wilson St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Feb. 10, 33

19. UNDERTAKER Wm. H. Lee Sons

(Address) Lotth & Fawcus.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932 to Feb 8th 1933

I last saw h[illegible] alive on Feb 8 1933 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 not known

Other contributory causes of importance:

Senile Senility

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. Lee Keyser M. D.

(Address) Wentworth apts

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 8 - 1933

M. D. B. 1268-9

E 87457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87457

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5309 Liberty Hts Ave St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Samuel Wilson

(a) Residence: No. 5309 Liberty Hts Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Wilson

6. DATE OF BIRTH (month, day, year) Oct. 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mech. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alexander Milburn

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James M. Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Shaler

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Fannie E. Wilson

(Address) 5309 Liberty Hts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb. 10 1933

19. UNDERTAKER Wm. F. Kyle & Son

(Address) North & Fulton Aves

20. Filed ... 19... Registrar.

Hunter Williams, N.H.

B 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933 to Feb 8, 1933

I last saw him alive on Feb 8, 1933 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lob	Feb 8
Coronary Thrombosis	

Other contributory causes of importance:

Influenza Pneumonia	Feb 7

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 4710 Loch Raven Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks

87458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87458

CERTIFICATE OF DEATH.

94-001
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1331 N. Fulton Ave St. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugenia Hollingshead

(a) RESIDENCE NO. 1331 N. Fulton Ave ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Roger N. Hollingshead

6 DATE OF BIRTH (month, day, and year) Dec 26-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Joshua Barton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Maria Dore
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter N. Hollingshead
(Address) 808 Dover St

15 Filed ..... Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8-33

17
I HEREBY CERTIFY, That I attended deceased from January 5th, 1933, to Feb 8th, 1933
that I last saw her alive on Feb 8th, 1933
and that death occurred, on the date stated above, at 4-15 P m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Usual

(Signed) H.B. Hammett M. D.
Feb 8 1933 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 11 1933

20 UNDERTAKER Wm J. Frickenstein Sons — ADDRESS N. Y. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

89-1933

M. D. B. 1268-9

E 87459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87459

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Church Home & Infirmary St., 17 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Kramer

(a) Residence: No. 2523 Maryland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev George Kramer

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME William Bartlett

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Alice Hockimer

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Rev. George Kramer.
(Address) 2523 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mendham, N.J. Date Feb 10, 1933

19. UNDERTAKER Thomas F. Love
(Address) 3615-17 Eastern Ave

20. Filed 19 Registrar.

89 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932 to Feb 7, 1933

I last saw her alive on Feb 7, 1933 Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial insufficiency Arteriosclerotic	?
Other contributory causes of importance: Broncho pneumonia	36 hrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Webber Young M. D.

(Address) Church Home & Infirmary

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4E 87460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3125 Woodhome ave St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Decker

(a) Residence: No. 3125 Woodhome ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Decker

6. DATE OF BIRTH (month, day, year): Sept 17 th 1860

7. AGE	Years	Months	Days 20	If LESS than 1 day hrs. or min.
	72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer tin mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country): Baltimore md

FATHER

13. NAME: Charles F Decker

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Jaesch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles L Decker

(Address): 3125 Woodhome ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn cem Date 2/10/1933

19. UNDERTAKER: John Ullrich

(Address): 2053 Orleans st

20. FILED ... 19... Registrar.

2-9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7th/1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	5

Other contributory causes of importance:

Carcinoma Prost Rectum	1924

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Alma B Lineaweaver M. D.

(Address) 718 N Patterson Park ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87461

CERTIFICATE OF DEATH

E 87461

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. [illegible] (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Lee Robinson

(a) Residence: No. 1329 Upton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	a a	Premature Infant 7 mos Life 2-2-33

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Premature	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wendell Roberts

14. BIRTHPLACE (city or town) (State or country) Petersburg

MOTHER

15. MAIDEN NAME Helen Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Feb 9 1933

19. UNDERTAKER .....

(Address)

[illegible]

FILED 2-9-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-2-1933 to 2-4-1933

I last saw her Alive on 2-4-1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Labor 7 mos	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87462 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 87462

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Phelps

(a) Residence: No. 744 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	aa	Inf

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): 2/5/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Provident Hospital

FATHER

13. NAME: Arthur Phelps

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Phelps

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Feb 9, 1933

19. UNDERTAKER (Address)

20. FILED Feb 9 - 1933 Washington Initials of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1933 to 2-8, 1933

I last saw h/M alive on 2-8, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cancer~~	
Premature Labor with	
Eclamptic Mother	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W J Butler M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1933 87463

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Edward Rudell

(a) Residence: No. 2416 E. Monument St. Ward.

(Usual place of abode) (Parents) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13-1932

7. AGE Years	Months	Days 26	If LESS than 1 day ..... hrs. or ..... min.
	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md. Gen. Hos.

FATHER

13. NAME Anthony Chas. Rudell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Parr

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Feb 10, 1933

19. UNDERTAKER Leonard Beyer
(Address) 1301 Hartford Ave.

20. FILED Feb 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9- 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1932 to Feb 9- 1933

I last saw him alive on Feb. 9- 1933. Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomegally	
Hemolytic Jaundice	

Other contributory causes of importance:

Prematurity	

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

89 - 1933

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 87464

E 87464

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Monastery of St. M. Magdalen

City of BALTIMORE: (No. Mount & Hollins Sts 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Magdalen of St. Joseph (Mary McDonough)

(a) RESIDENCE NO. Mon. St. M. M. (as above) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 25, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	72	3	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Born on Atlantic Ocean coming from
(State or country) Ireland

PARENTS

10 NAME OF FATHER Thos. McDonough

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine McGee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Sisters of Good Shepherd

(Address) Mount & Hollins Sts.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Feb. 5th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1933, to Feb. 5th, 1933, that I last saw h.... alive on Feb 5th, 1933, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Cerebro-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? a

Did an operation precede death? a Date of

Was there an autopsy? a

What test confirmed diagnosis? Sym & Symptoms

(Signed) J. A. Boland, M. D.

Feb 5th, 1933 (Address) 130 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: 2/10/ 1933

20 UNDERTAKER: J. F. Fahey & Sons ADDRESS: 131 Eutaw

B 9 1933

Filed ..... 19..... Registrar

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 87465

E 87465

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Monastery of St. Mary Magdalen

City of BALTIMORE: (No. Mount & Hollins St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Magdalen of Sr. Vincent (Ellen Wall)

(a) RESIDENCE NO. Mon. St. M. M. (as above) St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6th, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Castledermott

(State or country) Ireland

PARENTS

10 NAME OF FATHER Edward Wall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) prob. Ireland

12 MAIDEN NAME OF MOTHER Rose Kinsella

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) prob. Ireland

14 Informant Sisters of the Good Shepherd

(Address) Mount & Hollins Sts

15 Filed FEB 9 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb. 7th 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to Feb 7th, 1933

that I last saw h.. alive on Feb 8th, 1933

and that death occurred, on the date stated above, at 12 20 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Pulmonary Oedema

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms

(Signed) Jas. Leonard, M. D.

Feb 9, 1933 (Address) 1300 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — Date of Burial 2/10/33

20 UNDERTAKER J. J. Tobey Sons — ADDRESS 731 Light St.

IMPORTANT—WRITE CAREFULLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 87466

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2548 Druid Park Drive St. 13-01 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Luetta V. Barker,

(a) Residence: No. 2548 Druid Park Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Barker,

6. DATE OF BIRTH (month, day, year) August 28. 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Milton B. Decker,

14. BIRTHPLACE (city or town) (State or country) York Penna

MOTHER

15. MAIDEN NAME Georgana Black,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John F Barker

(Address) 2548 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date FEB 11 1933 19

19. UNDERTAKER Geo W Cittle

(Address) 2700 Edmondson Ave.

FILED FEB 9 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 8 1933 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to Feb. 8 1933

I last saw h.. alive on Feb. 8 1933 Death is said to have occurred on the date stated above, at 8:57 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Feb. 3-33
Myocardial Insufficiency	

Other contributory causes of importance:

Chronic Nephritis
Diabetes Mellitus.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... ? ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Andrew Hunnicutt M. D.

2/9/33 (Address) 2548 Eutaw ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87467 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87467

CERTIFICATE OF DEATH

178-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Barnes St., 7-01 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Sophie Nahatski nee Jindra (1st Marriage)

(a) Residence: No. 1607 Barnes St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Nahatski

6. DATE OF BIRTH (month, day, year) Oct 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	74	3 4	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) W

MOTHER

15. MAIDEN NAME W

16. BIRTHPLACE (city or town) (State or country) W

17. INFORMANT John J. McCafferty (Son-in-law)

(Address) 1020 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 10", 1933

19. UNDERTAKER Geo M. Frank & Son

(Address) 811 Orleans St

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Probably Accidental	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? 1607 Barnes St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Disconnected tube from

Manner of injury small cook stove in kitche

Nature of injury Poor connection.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John H Cain M. D.

(Address) 506 E Fort Ave Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

89-1933

M. D. B. 1268-0

E 87468 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87468 Registered No. 178-001

7-01

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Barnes St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Nahatski

(a) Residence: No. 1607 Barnes St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie (Jindra) Nahatski

6. DATE OF BIRTH (month, day, year): Apr /1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9 10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0 0

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): W

MOTHER

15. MAIDEN NAME: W

16. BIRTHPLACE (city or town) (State or country): W

17. INFORMANT: John J. McCafferty

(Address): 1020 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Feb. 10" 1933

19. UNDERTAKER: Geo. M. Smith & Son

(Address): 661 W. Lafayette

FEB 9 1933

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Probably Accidental — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? 1607 Barnes St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home. Disconnected tubing to

Manner of injury: small cook stove. Poor

Nature of injury: connection.

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) ... M. D.

(Address) ... Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 87469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87469

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Gorsuch ave St., 9-01 (Ward)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie M. Bayless

(a) Residence: No. 712 Gorsuch ave St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Bayless

6. DATE OF BIRTH (month, day, year) Feb 13 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	24	2V

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Linthicum

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Martina Hayden

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edith Bayless

(Address) 712 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery Feb 10 1933

19. UNDERTAKER Chas E. Black

(Address) 1422 W. Baltic ave

FILED ..... 19..... Registrar.

B 9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1931, to Feb 7th 1933

I last saw her alive on Feb 7th 1933 death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	June 1st
Metastasis to Spine	

Other contributory causes of importance:

Name of operation Removal of Breast Date of Oct 17th 31

What test confirmed diagnosis Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo Turgeon M.D. M. D.

(Address) 401 E 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

87470 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87470

CERTIFICATE OF DEATH.

93-004
REGISTERED NO.....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Allendale Road ST. 15-01 WARD)

2. FULL NAME Fred C. Harris

(a) RESIDENCE NO. 2115 Allendale Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie L. Harris

6 DATE OF BIRTH (month, day, and year) July 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Woodberry Tobacco Co Preston Md.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Edgar Harris
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Annie Smyth
13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey.

14 Informant Mrs. Maggie L. Harris
(Address) 2115 Allendale Road Huntington Williams, N.J.

15 Filed FEB 9-1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-1933

17 I HEREBY CERTIFY, That I attended deceased from Jan-3, 1931, to Feb-9-, 1933, that I last saw him alive on Feb-8-, 1933, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis, with cerebral hemorrhage, chronic, 1 year ago.-
Treated in Sanitarium.- Augusta Victoria (duration) 2 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Angina, Fair attack, 12 hours (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Picture

(Signed) Wm. McCole M. D.
2-11, 1933 (Address) 2202 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery
DATE OF BURIAL Feb 11-1933
20 UNDERTAKER Kelham & Glover
ADDRESS 2324 N. Charles St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 9-1933

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87471

CERTIFICATE OF DEATH

E 87471

82-001

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1953 N. Patterson Pk. Ave Ward) 8-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Rock

(a) Residence: No. 1953 N. Patterson Pk. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Rock

6. DATE OF BIRTH (month, day, year) March 28/1858?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George A. Rock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza Shatters

16. BIRTHPLACE (city or town) (State or country) Martinsburg, Pa.

17. INFORMANT W. D. Rock
(Address) 1953 Patt. Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED FEB 9 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10-12 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Carter M. D.
Coroner

(Address) 508 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87472

CERTIFICATE OF DEATH

E 87472

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1759 Montpelier St St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Sophia Sillery

(a) Residence: No. 1759 Montpelier St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female White	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George B. Sillery

6. DATE OF BIRTH (month, day, year) Feb 27/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jacob Fleishman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Thomas

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Miss Sophia Sillery
(Address) 1759 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

FILED FEB 9 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at before 5 P.M. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ..... 19 .....

Where did injury occur? in kitcheneete of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury All burners of kitchen range

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jos H Falcon Coroner, M. D.

(Address) 5086 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87473

E 87473

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cherry Hill St. 3501 West Ward

Registered No.

(If death occurred a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME Harry C. Ozman

(a) Residence: No. Cherry Hill St., West Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Ida M. Ozman

6. DATE OF BIRTH (month, day, year) Jan 9th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine

10. Date deceased last worked at this occupation (month and year) Jan 1931

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md

FATHER

13. NAME John Ozman

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida M. Ozman

(Address) Cherry Hill - Westport

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 10th, 1933

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED Feb 10 1933 Registrar.

B 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932 to Feb. 7, 1933

I last saw h~~im~~ alive on Feb. 7, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/14/32
Other contributory causes of importance:	
Exhaustion	2/6/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Campbell M. D.

2/9/33 (Address) 1644 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87474

CERTIFICATE OF DEATH

124-002 E 87474

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 16-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Suter

(a) Residence: No. 713 Grantley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Edward Suter

6. DATE OF BIRTH (month, day, year) Nov 19th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bangor Va

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rupert H. Sale
(Address) 713 Grantley St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Huntington Hill Cemetery, N.J.

FEB 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-33, 19

22. I HEREBY CERTIFY, That I attended deceased from November, 14, 1932 to Feb-8, 1933

I last saw her alive on Feb. 8, 1933 death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Anasarca	
Ennuition	Jan '33

Name of operation Exp. Lap. + Biopsy Date of 11/28/32

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. W. Donoghue, M. D.

(Address) Bon Secours Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

87475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 87475

REGISTERED NO. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Madison ave ST., WARD

2-FULL NAME Lee Perry (If non-resident give city or town and State)

(a) RESIDENCE NO 2533 Madison (Usual place of abode)

Length of residence in city or town where death occurred 4 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Notaway Co. Va
(State or country)

PARENTS

10 NAME OF FATHER Joseph Perry

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Betsie Blanch

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Joshua Perry

(Address) 1115 Ga Ave

15 [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Norman Coroner, M. D.

Dec 7, 1932 (Address) 3532 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 12-10 1932

ADDRESS Wash DC

20 UNDERTAKER [illegible] Wash D.C.

89-1933

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS STATEMENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87476

CERTIFICATE OF DEATH

E 87476

Registered No. ....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Watson St., 3-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph T. Ward

(a) Residence: No. Unknown St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	40		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Visitation Bureau
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2/10/33
Bethelehem Pa

19. UNDERTAKER Harry F. Curtis Sons
(Address) 4406 Edmondson Ave

20. FILED FEB 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows: Probable Cute Nephritis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. Klemmack, M. D. Coroner

(Address) 1302 N Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87477

87477

CERTIFICATE OF DEATH

V 11-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Caroline St., 3-01 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME Eugene Nickens

(a) Residence: No. 335 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Nickens

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Louis Nickens

14. BIRTHPLACE (city or town) (State or country) Richmond Co Va.

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va

17. INFORMANT Anna Nickens

(Address) 335 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 2/10 1933

19. UNDERTAKER J. A. Brooks

(Address) 1763 N. Carey St

20. FILED FEB 10 1933 Huntington Ellington, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Feb 7 1933

I last saw him alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	Jan 25

Other contributory causes of importance:

acute nephritis	Feb 1 33

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Easlinger M. D.

(Address) 1914 E Baltimore

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 87478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87478

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 15-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Wallace

(a) Residence: No. 1328 Freeman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 10

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Major Curtis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 2/10, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Freeman st.

20. FILED FEB 10 1933, 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4-, 1933, to 2-8-, 1933

I last saw her alive on 2-8-, 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	March
Aortic insufficiency	
Arteriosclerosis	

Other contributory causes of importance:

Pulmonary infarction	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Reginald Fitzhugh M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87479

87479

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunmore St., 15-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5ft yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold Hall

(a) Residence: No. 1342 Wheat Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10 mo	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lucille Record

(Address) 1342 Wheat Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 2/10, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St, Md

20. FILED FEB 10 1933 Huntington Lilley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1933, to 2-8, 1933

I last saw h alive on 2-8, 1933. Death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Pneumococcus Meningitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar Punct. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. T. Harris M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-30—M. & T.—100 B—50L

E 87480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87480

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Indiana Ave. ST. 25-01 WARD)

2-FULL NAME Ruth D. Gauss.

(a) RESIDENCE NO 2829 Indiana Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) July 24, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Gauss.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Emma Reinhardt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Emma Gauss. (mother)
(Address) 2829 Indiana Ave.

15
Filed ..... 192 .....
Registrar

FEB 10 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia.
Unknown.
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt X Coroner, M. D.

2/9/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feb 10th 1933

20 UNDERTAKER H. Schloman & Son

ADDRESS 1039 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 87481 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87481

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Newkirk St. 96-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida C. Trischmann

(a) Residence: No. 422 S. Newkirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Trischmann

6. DATE OF BIRTH (month, day, year) Feb 15 76

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John B. Fitch
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Sipple
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louis Trischmann
(Address) 422 S. Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 11th 1933

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

20. FILED FEB 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to Feb 9, 1933
last saw h[illegible] alive on Feb 8 1933 death is said to have occurred on the date stated above, at 4 55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	

Other contributory causes of importance:

Ch. myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein, M. D.
(Address) 733 Argonne St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-21-28—M—500 Bks.

E 87482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87482

CERTIFICATE OF DEATH

186-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2902 Baker ST. 16-05 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence E. Culverwell

(a) RESIDENCE NO. 2902 Baker ST., WARD Wash DC
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph S. Culverwell

6 DATE OF BIRTH (month, day, and year): Jan 31, 1877

7 AGE: Years 56 | Months 0 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Silver Springs Maryland

PARENTS

10 NAME OF FATHER: Daniel F. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catherine Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mr. Joseph S. Culverwell

(Address): 2902 Baker Street

15 Filed FEB 10 1933, 19..., ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9-33

17 I HEREBY CERTIFY, That I attended deceased from 11-2-32, 19..., to 2-9-33, 19..., that I last saw her alive on 2-9-33, 19..., and that death occurred, on the date stated above, at 9.15 A M m.

The CAUSE OF DEATH* was as follows:

Injury to Brain 4-20-32

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Encphalitis Latharg

(duration) yrs. mos. 26 ds.

18 Where did disease contracted if not at place of death? Montgomery Co

Did operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Ira L. Fetherolf, M. D.

19 (Address) 3400 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington, D. C. DATE OF BURIAL: Feb. 10, 1933

20 UNDERTAKER: E. Leroy Stiffler, Inc. ADDRESS: 1250 North Ave.

Name should be entered supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87483

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital V 108

CITY OF BALTIMORE: (No. Balto Md. St. 20-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life-s- yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Strong

(a) Residence: No. 201 Boyd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Strong

6. DATE OF BIRTH (month, day, year) Oct. 28 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nathaniel McCowon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eliz. Blackwell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 2/11/33

19. UNDERTAKER F. B. WIPPERT
(Address) 1300 Eastern Ave

20. FILED FEB 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-33

22. I HEREBY CERTIFY That I attended deceased from 1-11-33 to 2-8-33

I last saw h[illegible] alive on 2-5-33 Death is said to have occurred on the date stated above, at 1:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	2-5-33
Other contributory causes of importance:	?
Arteriosclerosis	
Hemorrhage into R. Cerebral hemisphere	1 yr ago
Contracted Coma	

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-8-33 (Signed) Elmer Hirshfeld M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1368-9

E 87484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87484

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Rosedale St., 15-88 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Thomas F Gill

(a) Residence: No. 2327 Rosedale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M Gill

6. DATE OF BIRTH (month, day, year) Sept 13 1852

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
80	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Balto Co Md

FATHER

13. NAME Martin Gill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Martha Zimmerman (Sister)

(Address) 606 W 36 st

18. BURIAL, CREMATION, OR REMOVAL

Place Mwo Cathedral Date Feb 11, 1933

19. UNDERTAKER John F. Denny

(Address) 135 Eight St. Huntingdon Tennessee, 19..32

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1933, to Feb. 8, 1933

I last saw him alive on Feb. 8, 1933 Death is said to have occurred on the date stated above, at 7 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	2/8/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Campbell M. D.

2/9/33 (Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

M. D. B. 1268-9

E 87485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87485

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 E Chase St. 10-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Baugh

(a) Residence: No. 1227 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Anthony A. Baugh

6. DATE OF BIRTH (month, day, year) Febry 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME John Hergenroether

14. BIRTHPLACE (city or town) (State or country) Balto, md

MOTHER

15. MAIDEN NAME Barbara Yakel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Anthony A. Baugh

(Address) 1227 E. Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date 2/13 1933

19. UNDERTAKER Henry Storck Sons Inc

(Address) 1301 E Eager

20. FILED FEB 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febuary 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1933 to Feb. 9, 1933

I last saw her alive on Feb 7, 1933 Death is said to have occurred on the date stated above, at 10: P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and endocarditis Arteriosclerosis & hypertension	12 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical evidence Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Geo B. Lybert, M. D.

(Address) 780 Harford Ave.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87486

HEALTH DEPARTMENT—CITY OF BALTIMORE

87486

CERTIFICATE OF DEATH

X210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Registered No. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Tayer

(a) Residence: No. Pomonkey, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomonkey Md

FATHER

13. NAME Robert Tayer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hattie Tayer

(Address) Pomonkey, Md

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Cem Pomonkey Date 1-5 1933

19. UNDERTAKER J. J. Brown Pomonkey Md

(Address)

20. FILED Jan 5 1933 W. Cem Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 , to , 19

I last saw h alive on ongoing, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Meningitis	

Other contributory causes of importance:

Automobile Accident	

Name of operation Debridement Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 29, 1932

Where did injury occur? Pomonkey Md (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Riding in auto

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul V. Harris M. D.

Coroner

(Address) 200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 16 1933

87487. 450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87487

CERTIFICATE OF DEATH

× V 53

1. PLACE OF DEATH

Registered No. 166

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Meyers

(a) Residence: No. Bryan's Road P.O., Md, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/28/30

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 3	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ralph Meyers

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Constance Posey

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pimlico Date Dec 6, 1932

19. UNDERTAKER ... Funeral Home

(Address)

20. FILED Dec 6, 1932 ... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to Dec 3, 1932

I last saw her alive on Dec 3, 1932 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glioma - Cystic - Cerebellar	
Other contributory causes of importance:	0

Name of operation Cerebellar Exposure Date of 12-3-32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John Washington M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10/19/35

Spec.—2-29-28—L. F. S.—500 Blks.

E 87488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

STILL BIRTH NO. E 87488

REGISTERED NO. 159

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2457 Druid Hill St. 13-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Conway

(a) RESIDENCE NO. 2457 Druid Hill ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2-1933

7 AGE: Years | Months | Days: 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Premature

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 2457 Druid Hill

PARENTS

10 NAME OF FATHER: Robt Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Christy Conways

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Christy Conway
(Address) 2457 Druid Hill

15 Filed ..... 19 ..... Registrar

FEB 10 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/33

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 33, to Feb 9 33, that I last saw h[illegible] alive on Feb 9 33, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows: Premature Infant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Luther R Smith, M. D.

19 (Address) 1409 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 11 1933

20 UNDERTAKER: James A Gary & Son — ADDRESS 142 N Howard St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-b

87489

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87489

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3003 Gwynns Falls Parkway St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Matilde Medford

(a) Residence: No. 3003 Gwynns Falls Parkway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: William U. Medford

6. DATE OF BIRTH (month, day, year): August 22, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Chicago Illinois

FATHER

13. NAME: Carol C. Hansen

14. BIRTHPLACE (city or town) (State or country): Copenhagen Denmark

MOTHER

15. MAIDEN NAME: Henrietta Hansen

16. BIRTHPLACE (city or town) (State or country): Copenhagen Denmark

17. INFORMANT: Mr. William U. Medford

(Address) 3003 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 11, 1933

19. UNDERTAKER: Keith Cook

(Address) 1003 W. Baltimore St

19 ..... Registrar.

FEB 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb. 9, 1933

I last saw her alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 11.10A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1931
Other contributory causes of importance: Acute dilitation of heart Feb. 5 7/33	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Dublett, M. D.

(Address) 2220 Garrison Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 87490 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 87490

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St.) 24-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary Holzinger

(a) Residence: No. 1303 Richardson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Holzinger

6. DATE OF BIRTH (month, day, year) May 26 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinetmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Co

10. Date deceased last worked at this occupation (month and year) Feb 26 1931

11. Total time (years) spent in this occupation 014

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Peter Holzinger

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Theresa Holzinger
(Address) 1303 Richardson St

18. BURIAL, CREMATION, OR REMOVAL Lady
Place Holy Cross Date Feb 10 1933

19. UNDERTAKER Chas E Burnett
(Address) 1601 E Fayette

20. FILED ..... 19 ..... Registrar.

FEB 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to Feb 8 1933

I last saw h.. alive on Feb 8 1933. Death is said to have occurred on the date stated above, at 10.80 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis with asthma	
Myocardial degeneration with decompensation	
Cardiac failure immediate	
Other contributory causes of importance:	
Cause death	
Had Hemorrhoidectomy Feb 7 under local anesthesia	

Name of operation ..... Date of 2/7/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Gordon ..... M. D.

(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87491

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital E-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Lechowitz

(a) Residence: No. 1706 Lancaster St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	School

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 21, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11	18 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albin Lechowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kazmira Siracka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Albin Lechowicz

(Address) 1706 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cem Date Feb 12, 19

19. UNDERTAKER

(Address)

20. FILED FEB 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1933 to Feb 9, 1933

I last saw her alive on Feb 9, 1933 Death is said to have occurred on the date stated above, at 4:0 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis (Meningococcic)	2/5/33
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morgan G. Hull M. D.

(Address) Sydenham Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87492

E 87492

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Eutaw Pl St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

66 10 29

2. FULL NAME Mary Bryant Still Nicodemus

(a) Residence: No. 1505 Eutaw Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Harry Nicodemus

6. DATE OF BIRTH (month, day, year): March 9 1866

7. AGE: Years: 66 | Months: 10 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): about 1928 | 11. Total time (years) spent in this occupation: about 2 years

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: William H Still

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Charlotte L Crook

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr Harry Nicodemus husband

(Address): 1505 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Hill Date: Feb 10 1933

19. UNDERTAKER: Stuart H Nicodemus Co.

(Address): 1505 Eutaw Place

20. FILED: FEB 10 1933 Christine Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Feby 8 1933

I last saw her alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - bundle branch block - progressive	Oct 1932
Mitral valve failure	
Other contributory causes of importance:	
Arteriosclerosis - Systemic	Oct 1932
Acute Bronchitis	Sept 1932

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis L Hamburger M. D.

(Address) 1207 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87493

HEALTH DEPARTMENT—CITY OF BALTIMORE

87493

CERTIFICATE OF DEATH

115-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Non Resident

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances E. Holdt

(a) Residence: No. Edgewood Arsenal, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Holdt

6. DATE OF BIRTH (month, day, year) Aug 2, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5 6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Hans Hansen

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME ? Jost

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Jacob Holdt

(Address) Edgewood Arsenal

18. BURIAL, CREMATION OR REMOVAL

Place Conn Bridgeport Date Feb. 13 1933

19. UNDERTAKER Edward K. McCarron

(Address) Abingdon Md

20. FILED ..... 19..... Registrar.

FEB 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933 to Feb 9, 1933

I last saw h.er alive on Feb 9, 1933 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Face & Neck (Streptococci)	2/5/33

Other contributory causes of importance:

Toxic Myocarditis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myron G. Fuller M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87494

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Harlem Ave St. 19-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Martin

(a) Residence: No. 1705 Harlem Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of widow of Charles Martin

6. DATE OF BIRTH (month, day, year) Feb 20, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 0 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Watts

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Mary Hustard

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Mrs Mary E Kelly
(Address) 1705 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 11, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 327 E Lexington St.

20. FILED FEB 10 1933 Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933 to Feb 8, 1933

I last saw h alive on Feb 1, 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Complications	
Following	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C Stewart M. D.

(Address) 704 N Lafayette ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 87495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87495

95-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Martin's Church,

CITY OF BALTIMORE: (No.) Fulton Ave & Fayette St (St.) 90-21 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J.O'Brien.

(a) RESIDENCE NO 623 S.Pulaski St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 60 yrs. ---- mos. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of ~~XXXXXXXXXX~~ Ellen O'Brien.

6 DATE OF BIRTH (month, day, and year) January 10, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick O'Brien.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sonora Byrne.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Ellen O'Brien.(wife.)

(Address) 623 S.Pulaski St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.

Acute dilatation of the Heart.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed ~~diagnosis~~? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

2/10/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem.

DATE OF BURIAL 2/13 1933

20 UNDERTAKER Geo. Corner Son

ADDRESS 901 Lodge N

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 10 1933

AACo. 5-31 250B

E 87496 HEALTH DEPARTMENT—CITY OF BALTIMORE

47 E 87496

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp 21-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs 3 mos 4 ds. How long in U.S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Miss Anna Louise Haas

(a) Residence: No. 622 West Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	3	5	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Conrad Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Schwaub

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Regina P. Dugan

(Address) Hazelcroft Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 1933

19. UNDERTAKER Mc Nus. John W. Penfold & Son

(Address) 801 W. Baltimore St

20. FILED FEB 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 1933 to 2/8, 1933

I last saw h.. alive on 2/8, 1933 death is said to have occurred on the date stated above, at 10:25 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right lung.	?
Other contributory causes of importance:	
Metastasis to vertebrae - skull	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Keller, M. D.

(Address) So Balto Gen Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 87497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87497

CERTIFICATE OF DEATH

✓ 107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 810 S Milton Ave ST., 1-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stanislaw Filipiak

(a) RESIDENCE NO. 810 S Milton ST., WARD

(Usual place of abode) Baltimore Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonina Filipiak

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE: 50 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Wojciech Filipiak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Antonina Filipiak

(Address) 810 S Milton ave

15 Filed FEB 10 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/33

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1932, to 2/9/33, 19, that I last saw him alive on 2/8/33, 19, and that death occurred, on the date stated above, at 4:30 A, m.

The CAUSE OF DEATH* was as follows:

Ca Bronchus

Broncho Pneumonia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Manuel Steinberg, M. D.

2, 1933 (Address) 316 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus — DATE OF BURIAL: 2/13 - 1933

20 UNDERTAKER: John J Duda — ADDRESS: 2811 Hudson St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87498 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87498

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Hull St. 24-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridget Ferguson

(a) Residence: No. 1413 Hull St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Ferguson

6. DATE OF BIRTH (month, day, year): Aug 30 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67 68	5	1 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James O'Hara

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Murray

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Mollie Schuman

(Address) 1413 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Feb 12 19 33

19. UNDERTAKER: Chas Ford Sons

(Address) 1501 Ford Ave

20. FILED ... 22nd ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from February 5 1933 to February 9 1933

I last saw her alive on February 9. 1933 Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Diabetes Mellitus.

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A. Schumann M. D.

(Address) 1337 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87499 250 Blks.

E 87499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 804 N. Bruce ST. (or WARD) 16-01

2-FULL NAME Leonard Sales

(a) RESIDENCE NO. 804 N. Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Beatrice Sales

6 DATE OF BIRTH (month, day, and year): Apr 18th 1897

7 AGE: Years 35 | Months 9 | Days 20 21 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Sales

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Beatrice Sales (Address) 804 N. Bruce St

15 Filed ..... 19 ..... Registrar

FEB 10 1933 Huntington Filing Station N.E.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8, 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1933, to Feb. 8, 1933, that I last saw him alive on Feb. 8, 1933, and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

acute septic Endocarditis

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. N. Pigott, M. D.

2/8, 1933 (Address) 1536 W. Lemmale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary DATE OF BURIAL Feb 12 1933

20 UNDERTAKER Wm. H. Chase & Son ADDRESS 638 N. Gilmor

N. B.—ATTENDANT, WITH OPPORTUNITY FOR PERSONAL KNOWLEDGE, MUST SIGN THIS CERTIFICATE. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

87500

HEALTH DEPARTMENT—CITY OF BALTIMORE

87500

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Gertrude Hemmick.

(a) Residence: No. #5 South Green St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 4 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Mary Mills Md~~ Balto Md.

FATHER

13. NAME James Hemmick.

14. BIRTHPLACE (city or town) (State or country) Mary Mills Md

MOTHER

15. MAIDEN NAME Annie V. Snyder

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT William Lemmon.
(Address) 704 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 2/11/, 1933

19. UNDERTAKER John E. Cowan & Son.
(Address) 401 Gallows St.

20. FILED 2/11/1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1933, to 2/8, 1933.
I last saw her alive on 2/8, 1933. Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowel	2 yrs. Duration

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hospitals

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

E 87501

HEALTH DEPARTMENT—CITY OF BALTIMORE E87501

CERTIFICATE OF DEATH

23V

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Wells

(a) Residence: No. 1920 E. Eager st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia Wells

6. DATE OF BIRTH (month, day, year) Jan. 2, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME William Wells

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Sophia Coker

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Feb 14-33

Natural Ave Cemetery Date Febru 9, 1933

19. UNDERTAKER Walter Dare 3418 Chestnut Ave

(Address)

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1932 to February 8, 1933

I last saw him alive on February 8, 1933 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Stoesi M. D.

(Address) Baltimore City Hospitals

WRITE LEGIBLY with pen and ink. Every item of information should be carefully supplied EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87502 HEALTH DEPARTMENT—CITY OF BALTIMORE 87502

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Henry Truesdale

(a) Residence: No. No home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Camden
(State or country) South Carolina

FATHER

13. NAME James Truesdale

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Isabelle Reid

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Feb 10, 1933

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1933 to February 8, 1933

I last saw h... in alive on February 8, 1933. Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11/20 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87503

E 87503

CERTIFICATE OF DEATH

REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, 21 W WARD)

2-FULL NAME Otis Clark.

(a) RESIDENCE NO Westport Dump. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 087

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.W.D.

(Address)

15 Filed FEB 1 1933 19 32 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Westport Dump. January 30, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

2/2/33 19 (Address) 1017 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Med College

DATE OF BURIAL [illegible] 19 33

20 UNDERTAKER

ADDRESS

1-30—M. & T.—100 B—50L

E 87504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87504

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3624 Malden Ave ST., 43-M WARD)

2-FULL NAME Ronald E. Thomas

(a) RESIDENCE NO. 3624 Malden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) md
(State or country)

PARENTS

10 NAME OF FATHER Walter Thomas

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Ruby

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Walter Thomas
(Address) 3624 Malden Ave

15 Filed ..... 192 ..... Registrar

FEB 10 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

Feb. 10, 1933 (Address) 363 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden

DATE OF BURIAL Feb 11, 1933

20 UNDERTAKER Chenowith & Son

ADDRESS 3615 Chestnut Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP TION is very important. See instructions on back of certificate.

M. D. H. 1208-9

87505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 87505

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myrtle Mae Jones

(a) Residence: No. 1703 Lamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/6/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles H. Jones Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gertrude Tuffley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles H. Jones (Address) 1703 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 2/10/33

19. UNDERTAKER Geo. J. Roth Inc (Address) 1305 Hanford Ave

20. FILED ..... 19..... Registrar.

EB 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10th. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 31 19 33 to February 10 19 33

I last saw h[illegible] alive on February 10 19 33 Death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Almost Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARYLAND STATE DEPARTMENT OF HEALTH
ALL RIGHTS RESERVED FOR OFFICIAL USE ONLY

M. D. B. 1268-9

E 87506 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87506

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Holbrook Street St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard J. O'Neill

(a) Residence: No. 1710 Holbrook Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine F. O'Neill

6. DATE OF BIRTH (month, day, year) June 21, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Katherine O'Neill

(Address) 1710 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 13, 1933

19. UNDERTAKER Geo. Vaghan & Sons Funeral Home

(Address) 733 Hartford Ave. Huntington Hills

20. FILED FEB 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1933 to February 8, 1933

I last saw him alive on February 8, 1933 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	

Other contributory causes of importance:

General Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis J. Ayd M. D.

(Address) 2005 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87507

CERTIFICATE OF DEATH

E 87507

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2400 W Lanvale St. (Ward) 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur E Schaefer

(a) Residence: No. 2400 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J Henry Schaefer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine V Mooman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J Henry Schaefer

(Address) 2400 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 2/13 1933

19. UNDERTAKER George A Farley

(Address) Fulton Ave & Lafayette

20. Filing 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1930 to Feb 9 1933

I last saw him alive on Feb 8 1933. Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1930
Tuberculosis of Tonsils	July 1932

Other contributory causes of importance:

Tuberculosis Uro-Genital Region	Dec 1932

Name of operation Cauterization of Tonsil (Electric) Date July 1932

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliot W Johnson M. D.

(Address) 24 32 Frederick Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

R. P. H.

M. D. B. 1268-9

87508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87508

CERTIFICATE OF DEATH

93-003

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Wendover Road St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 2 mos. - ds. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Frank Dwight Dibble

(a) Residence: No. 6 Wendover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Bartlett

6. DATE OF BIRTH (month, day, year) Jan. 17, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rushville
(State or country) New York

FATHER

13. NAME Leonidas D. Dibble

14. BIRTHPLACE (city or town) Morvia
(State or country) New York

MOTHER

15. MAIDEN NAME Phoebe A. Chatterton

16. BIRTHPLACE (city or town) Gaines
(State or country) New York

17. INFORMANT Mrs. Herman Lohmeyer
(Address) 6 Wendover Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date 2/11 19 33

19. UNDERTAKER Henry H. Meaks and Son
(Address) 805 N. Calvert St.

20. FILED [illegible] Registrar.

EB 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1927 to Feb. 9, 1933.
I last saw h[illegible] alive on Feb. 9, 1933 Death is said to have occurred on the date stated above, at 12.40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Previous
Myocarditis	To my
Immediate-Hypostatic Pneumonia	knowledge
Other contributory causes of importance: Senility	

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Ronald T. Abercrombie M. D.

(Address) 18 W. Franklin St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87509 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87509

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Baltimore Md St., 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Patrick Mc Nulty

(a) Residence: No. Mt. St. Mary's College St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Mc Nulty

6. DATE OF BIRTH (month, day, year) July 23-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardner

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

FATHER

13. NAME Cornelius Mc Nulty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Concannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr James Mc Nulty

(Address) 300 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt St Marys Date Feb. 13 1933

19. UNDERTAKER D L Creager & Son

(Address) Emmitsburg Md

20. FILED Huntington Williams Registrar.

EB 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2 1933 to February 10 1933

I last saw him alive on February 11, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	2 or years.

Other contributory causes of importance:

auricular fibrillation with a terminal coronary thrombosis.

Name of operation None Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. F. Smith M. D.

(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 87510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87510

CERTIFICATE OF DEATH.

131

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1200 Valley St St. 10-61 Ward)

2-FULL NAME Josephine Reising

(a) RESIDENCE NO. Little Sisters of the Poor St. _____ Ward _____
(Usual place of abode) 1200 Valley
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Reising.

6 DATE OF BIRTH (month, day, and year): 4th. July 1853

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
73 74	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Joseph Hall

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country)

12 MAIDEN NAME OF MOTHER Johanna ?

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

14 Informant Sister Stanislas Supr.

(Address) 1200 Valley St. Balt. Md.

15 Filed FEB 10 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1933

17:

I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1933, to Feb 9th, 1933, that I last saw her alive on Feb 9th, 1933, and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) ? yrs. ? mos. ____ ds.

CONTRIBUTORY Anemia
(Secondary)

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Microscopical & Chemical

I (Signed) L. McCathran, M. D.

2/10/1933 (Address) 1114 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Feb 11. 1933

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Greenmount Ave

FEB. 10 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87511

CERTIFICATE OF DEATH

E 87511

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Port St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Craig

(a) Residence: No. 518 S. Port St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Eliz. A. Snyder

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Craig
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cross
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. E. Fitzpatrick
(Address) 518 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Date 2/13 1933

19. UNDERTAKER T. Edward Davis
(Address) 518 S. Port St.

20. FILED FEB 16 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1933 to Feb 9th, 1933
I last saw h... alive on Feb 9th, 1933 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1930
Other contributory causes of importance: Chronic Nephritis	1930

Name of operation ... Date of ...
What test confirmed diagnosis? Sign Symp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett M. D.
(Address) 450 E. East Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87512

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Genevieve Muffoletto

(a) Residence: No. 4305 Park Heights Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 24, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Muffoletto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Deteris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rose Muffoletto

(Address) 4305 Park Heights Av

18. BURIAL, CREMATION OR REMOVAL Mass Cathedral Date Feb 13 33

19. UNDERTAKER J. D. Marshall

(Address) 3539 Falls Road

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to Feb 10, 1933

I last saw her alive on Feb 10, 1933. Death is said to have occurred on the date stated above, at 11 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Spastic Paralysis (Little's Disease)	life
Other contributory causes of importance:	
Convulsions	2/10/33

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Peter Mezzanotte M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

M. D. B. 1268-9

(O'Donnell McClung) ✓

87513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87513

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME O'Donnell McClung

(a) Residence: No. 2001 W Lanvale St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine McClung

6. DATE OF BIRTH (month, day, year) Feb 21 11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elsta L Co.

10. Date deceased last worked at this occupation (month and year) 1/33

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Charles Mc Clung

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Margaret Finch

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon PK Date 2/13/33 19

19. UNDERTAKER Geo H. Leimbach

(Address) 525 N. Fremont St

Huntington Ave, Roland Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1933 to 2/10 1933

I last saw him alive on 2/10 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	4 hours
Other contributory causes of importance:	
Acute Peritonitis and edema	2 hours

Name of operation Repair of Ulcer Date of 2/9/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J H Gardner M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87514 E 87514

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Webster St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren L. Johnson

(a) Residence: No. 511 Webster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lola Larson Johnson

6. DATE OF BIRTH (month, day, year): July 28 1889

7. AGE: Years 43 | Months 6 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Manchester Md.

FATHER

13. NAME: Andrew Johnson

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Virginia Hitchens

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Lola Johnson

(Address) 511 Webster St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb. 11 1933

19. UNDERTAKER: Maryland D. Hynes

(Address) 1422 Eutaw Place, Baltimore, Md.

Huntington Potomac, Md.

19. FILED FEB 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from February 8. 1933 to February 8 1933

I last saw him alive on February 8. 1933. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
Chronic Interstitial Nephritis	
Hypertension Myocarditis & Cardiac dilatation	
Edema Passive Congestion of Lungs.	

Other contributory causes of importance:

Emphysema
Asthma
Secondary anemia & asthenia

Name of operation None Date of

What test confirmed diagnosis? Clinical & Cardiac action. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Walter Anderson M. D.

(Address) 3021 Gwynns Drive

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

M. D. B. 1268-9

E 87515 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 87515

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1293 William St 7-1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma M. Andrews

(a) Residence: No. 1293 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Chas W. Andrews

6. DATE OF BIRTH (month, day, year) Jan 8th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas W. Dameker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Tor A Unsell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas W. Andrews

(Address) 1293 William St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 13th 1933

19. UNDERTAKER Wm Cook

Address 1217 St Paul St

FEB 10 1933

20. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 20. 1933 to February 9, 1933

I last saw her alive on February 9, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Small Intestine with metas. to Kidney.	un-known

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Physical + urinary analysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87517

CERTIFICATE OF DEATH

E 87517

93-004

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1429 E. Hoffman St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Jane Hitchens

(a) Residence: No. 1429 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Elihu Hitchens

6. DATE OF BIRTH (month, day, year) Jan 7th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	01	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md
(State or country)

FATHER

13. NAME Travis Watkins

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Ordella Gray

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs. L. Hitchens

(Address) 3436 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Md Date Feb 11th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED Feb 10 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to Feb. 9th, 1933

I last saw h~~im~~er alive on Feb. 8, 1933 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Other contributory causes of importance:	
Myocardial Insufficiency	1932

Name of operation Date of

What test confirmed diagnosis? Symp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Burgess M. D.

(Address) 1324 W. Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

87516

E 87516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Duvall Ave St., 15 Ward) 82-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Bunnecke

(a) Residence: No. 3410 Duvall Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Henry G. Bunnecke

6. DATE OF BIRTH (month, day, year) June 19th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	2/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas W. Klemm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Lucius

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry G. Bunnecke

(Address) 3410 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] Registrar.

EB 101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from for many years 19 to Feb 9 1933

I last saw her alive on Feb 9 1933 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Hyp Blood Pressure
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm M. Bunnecke M. D.

(Address) Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87518

CERTIFICATE OF DEATH

E 87518

94-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Annie Lomax

(a) Residence: No. 2341 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28/1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 9/33

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Agnes M. Thorpe (Employer)

(Address) 2341 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/11/33. 19

19. UNDERTAKER Edward Fuller

(Address) 2352 Washington Blvd. Huntington Pratt 2211, Md.

20. FILED FEB 10 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above at about 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Other contributory causes of importance: Probably Coronary Stenosis or Embolus	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Fuller Coroner, M. D.

(Address) 508 E. Lanvale

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87519

CERTIFICATE OF DEATH

131 E 87519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Payson St. 11-CL Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie M. Cooksey,

(a) Residence: No. 613 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Cooksey,

6. DATE OF BIRTH (month, day, year) March 3. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Joseph E. Kuhn,

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Lillie M. Gilbert,

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Joseph E Kuhn
(Address) 1409 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date FEB 11 1933, 19

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave

21. FILED FEB 10 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 5 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Feb 8 1933, 19

I last saw her alive on Feb 8 1933 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2yrs
Hypertension	

Other contributory causes of importance:

Pneumonia	10 da

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Burton McCeney M. D.

(Address) 4004 Pawnee Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87520

CERTIFICATE OF DEATH

117 E 87520

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N.Rose St. St. 8-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H.Hayne,

(a) Residence: No. 1309 N.Rose St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hayne,

6. DATE OF BIRTH (month, day, year) December 10.1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John G.Hayne,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary C.Pool.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Bertha A Pool

(Address) 1309 N.Rose St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date FEB 11 1933 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED FEB 10 1933 19 Huntington Station, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 8 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932 to Feb 8 1933

I last saw h alive on Feb 5 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Indefinite
asthma Tentus	

Other contributory causes of importance:

Acute Dilatation of Heart	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87521

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Bentalou St. St. 16-01 (Ward) 127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christine Heimert,

(a) Residence: No. 927 N. Bentalou St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Heimert.

6. DATE OF BIRTH (month, day, year) January 21, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	--	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Mutz.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Annie L. Heimert

(Address) 927 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date FEB 13 1933 19

19. UNDERTAKER Geo H. Little

(Address) 2700 Edmondson ave.

20. FILED FEB 10 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 10 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 19 33 to Feb. 10 19 33

I last saw her alive on Feb. 9 19 33 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Diabetes Gall bladder	Jan 1

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry C. Wood M. D.

(Address) 935 N. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1933

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87522

CERTIFICATE OF DEATH

181 E 87522

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1346 Carroll St. ST. 21-Ab WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odel Taylor.(C)

(a) RESIDENCE NO 1346 Carroll St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) April 1, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles Taylor.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Elmira Nichols(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Elmira Taylor.(C) mother.

(Address) 1346 Carroll St.

15 FEB 11 1933, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

Occidental scalds. overturn of a tea kettle. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1409 1346 Carroll St. Jany. 20, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Heinhardt, M. D. Coroner

2/9/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 2/11 1933

20 UNDERTAKER Daniel Easter

ADDRESS 916 Pennsylvania Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Blks.

E 87523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87523

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 568 Wilson St. 14-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amy Gray

(a) RESIDENCE. NO. 568 Wilson ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Gray

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Housewife

637

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Moon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant - Benjamin F. Gray (Address) 568 Wilson

15 Filed FEB 11 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933, to Feb 9, 1933, that I last saw her alive on Feb 8, 1933, and that death occurred, on the date stated above, at 12-45 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 3+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical-Examination

(Signed) Wm. H. Wright, M. D.

2/10, 1933 (Address) 1209 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	Feb 11th 1933

20 UNDERTAKER Archibald L. Gaddis ADDRESS 2101 Mc Culloh St.

EB 11 1933

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87524

CERTIFICATE OF DEATH 82-002 E-87524

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 W. Lanvale St. St. 1-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gees King

(a) Residence: No. 121 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. King Dr.

6. DATE OF BIRTH (month, day, year) June 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	25 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank B. Gees

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Chase

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Dr. John T. King Jr.
(Address) 219 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 11, 1933

19. ~~UNDERTAKER~~ John O. Tate Luce & Sons
(Address) Eye & Ear Infirmary

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. . 1924 to Feb. 9 . 1933

I last saw her alive on Feb. 9 . 1933 Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis with hemiplegia: 1st June	1932
2nd Feb. 8	1933

Other contributory causes of importance:

Hypertension	
Myocardial Insufficiency	

Name of operation Date of

What test confirmed diagnosis? B.P. Was there an autopsy? V

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? V If so, specify

(Signed) John T. King Jr. M. D.

(Address) 1210 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87525

CERTIFICATE OF DEATH

E 87525

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 N. Caroline St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daisy P Endeman

(a) Residence: No. 1835 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Richard Endeman

14. BIRTHPLACE (city or town) (State or country) Bath

MOTHER

15. MAIDEN NAME Margaret E Holl

16. BIRTHPLACE (city or town) (State or country) Bath

17. INFORMANT Stanley J Endeman
(Address) 3919 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Feb. 13 1933

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1911 Eastern Ave

20. FILED Huntington Williams M.D. Registrar.

FEB 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Feb 10 1933

I last saw h.er alive on Feb 5 1933. Death is said to have occurred on the date stated above, at 7.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aortic Stenosis.	

Other **contributory causes** of importance:

Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Geo J Mowing M. D.

(Address) 1819 St Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

E 87526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87526

CERTIFICATE OF DEATH

82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Oakhill Ave. St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice L. Rowe

(a) Residence: No. 3009 Oakhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Rowe

6. DATE OF BIRTH (month, day, year) August 21, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Alcert E. Horsham

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Adelaide Holly (Daughter)
(Address) 3009 Oakhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Feb. 1st 1933

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. Broadway.

FILED FEB 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1933 to Feb 8 1933

I last saw her alive on Feb 7 1933 Death is said to have occurred on the date stated above, at 2.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	2 weeks

Other contributory causes of importance:

Arterio Sclerosis	1 year

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Gunning M. D.

(Address) 4209 Liberty Hgts Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

87527

HEALTH DEPARTMENT—CITY OF BALTIMORE

87527

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

Registered No. 159

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Kenneth Sloop

(a) Residence: No. Westminster Md. (Parents) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 2	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md. Gen. Hospital
(State or country)

FATHER

13. NAME Howard Franklin Sloop

14. BIRTHPLACE (city or town) Patapsco, Md.
(State or country)

MOTHER

15. MAIDEN NAME Frances Mann

16. BIRTHPLACE (city or town) Patapsco Md
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Carrollton Md Date Feb 11, 1933

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md

20. FILED Huntington Williams
FEB 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 - 12:05 Am 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 - 1933 to Feb. 10 1933

I last saw him alive on Feb. 10 1933. Death is said to have occurred on the date stated above, at 12:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Lee Gaspeld M. D.

Address Md. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 87528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87528

CERTIFICATE OF DEATH

100

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3819 White ave St. 7-1-01 Ward)

Length of residence in city or town where death occurred, 76 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate L. Erdman

(a) Residence: No. 3819 White ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Erdman

6. DATE OF BIRTH (month, day, year) April 9th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

FATHER

13. NAME George Beiler

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Rosenberger

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT William L. Erdman
(Address) 3819 White ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 13 1933

19. UNDERTAKER Frederick Lasenby & Sons
(Address) 7401 Belair Road

Funeral Home, N.E.

... Registrar.

FEB 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932, to Feb 10 1933

I last saw h[illegible] alive on Feb 10 1933 death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Age	
Senile Debility	

Other contributory causes of importance:

Vaccination over 25 yrs standing & Influenza & Age	

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. O. Carman, M. D.

(Address) 1201 N. Caroline st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

B 87529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87529

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead

CITY OF BALTIMORE: (No. Mercy Hospital ST. 15-01 WARD)

2-FULL NAME Albert King

(a) RESIDENCE NO. 3000 Rairlestown Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Widower~~ Grace E. King

6 DATE OF BIRTH (month, day, and year) May 23-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	8	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Business Man.
(b) General nature of industry, business, or establishment in which employed (or employer) Shipping agent
(c) Name of employer 645

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER Frank King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. John E. Hubbard
(Address) 1522 Bolton

15 Filed Feb 11 1933 Huntington Williams, N.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) James M Fenton, M. D. Coroner

2/9, 1933 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 2/11 1933

20 UNDERTAKER J. Fenn McCulley

ADDRESS 830 E Fort

B 11 1933

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 87530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

E 87530

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Naill

(a) Residence: No. New Windsor, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland

FATHER

13. NAME Edward Naill.

14. BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Ella Glass.

16. BIRTHPLACE (city or town) Frederick Co.
(State or country) Maryland

17. INFORMANT Edward Naill.
(Address) R.F.D. New Windsor, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethany Cemetery Date Feby 11 - 1933

19. UNDERTAKER C. M. Watts
(Address) Winfield, Md.

20. FILED Huntington Williams, M.D. Registrar.

B 11 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1933, to Feb 10, 1933

I last saw him alive on Feb 10, 1933 Death is said to have occurred on the date stated above, at 3 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococci)	1/17/33

Other contributory causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Peter Mesarski, M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87531

CERTIFICATE OF DEATH

E 87531

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 McCulloh St., 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Mildred Jones

(a) Residence: No. 1830 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	~~Single~~, ~~Married~~, ~~Widowed~~, ~~Divorced~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Jones

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mildred Butler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Estelle Butler

(Address) 1629 David Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem Date 2/12 1933

19. UNDERTAKER Samuel J. Hemsley

(Address) 578 W Pratt St

20. FILED FEB 11 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1933 to Feb. 9 1933

I last saw h alive on Feb. 9 1933 Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 5
Other contributory causes of importance: ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

2/10/33 (Signed) Edw. J. Wheatley M. D.

(Address) 1230 David Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87532

269022

Surg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87532

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Manning

(a) Residence: No. 1103 Ashland Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 9/1/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	- 5	- 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 087

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Monroe Manning

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 2/14/33

19. UNDERTAKER Robt. T. Williams

(Address) 15-15 McCulloh St

20. FILED Huntington Hill (Registrar)

FEB 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1933 to 2-9-1933

I last saw him alive on 2-9-1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
	Dec 1932

Other contributory causes of importance:

Carcinomatosis

ascites

Name of operation ant. gastro-enterostomy or entero-enterostomy Date of 1-28-33

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eula Hunsicker M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 87533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87533

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Hard St. ST. 21-01 WARD)

2-FULL NAME Elizabeth Hunt.(C)

(a) RESIDENCE NO 1407 Hard St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a If married, widowed or divorced (or) WIFE of Charles Hubt.(C)

6 DATE OF BIRTH (month, day, and year) October 12, 1874 -Do-not-know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	27 - 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

PARENTS

10 NAME OF FATHER William Chew.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A.Co. Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Charles Hunt.(C) husband.
(Address) 1407 Hard St.

15 Filed ..... 192 ..... Huntington Hines, Registrar

FEB 11 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 8, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

2/9/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb 13, 1933

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3221 Eutaw St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87534

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 87534

X 167

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 88

Village or City Died on way to Union Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Versie G. Sumrell

(a) Residence: No. Rockland, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Marie Sumrell

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Finisher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bleach & Mills Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Sumrell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jestena Sumrell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jestena Sumrell

(Address) Rockland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wateris Date Jan. 19, 1933

19. UNDERTAKER Ehenowerth and Sons

(Address) 3615 Chestnut Ave.

20. FILED Jan. 18, 1933 Wm. P. Butler Registrar.

B 11 1933

If more blanks are wanted, apply to Local Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 17 (Day), 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows

Suicide (Pistol wound in right temple)

Date of onset

8 K Corner J Walsh

Other **Contributory Causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William P. Butler Coroner M. D.

(Address) Towson, Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87535

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Mr. Williams Harper

(a) Residence: No. 1501 East 33rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret V. Taylor

6. DATE OF BIRTH (month, day, year) Oct. 8, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73 13	4	2	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Samuel Harper

14. BIRTHPLACE (city or town) ------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Houston

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Margaret V. Harper

(Address) 1501 E. 33d Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date 2/13 19 33

19. UNDERTAKER Henry U. Meade and Son

(Address) 505 N. Eutaw St.

20. FILED ..... Registrar.

FEB 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1933 to February 10, 1933

I last saw him alive on February 10, 1933 Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy (benign)	?
Arterio-sclerosis	
Chronic nephritis	?

Other contributory causes of importance:

Name of operation Supra pubic prostatectomy Date of 1-25-33

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) St. Josephs Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87536

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Eden St St. 3-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carmela Paladino

(a) Residence: No. 424 S. Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Paladino

6. DATE OF BIRTH (month, day, year) Oct 22, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70.	3.	18. 13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominick De Santis

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Victoria

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Paladino

(Address) 424 S Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 14 1933

19. UNDERTAKER Wendell & Heppel

(Address) 324 S Eden St

Fleet Funeral Directors, Inc.

23. FILED Feb 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Feb 10, 1933

I last saw h[illegible] alive on Feb 9, 1933 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines and chronic nephritis	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) Eugene L. Cesaro M. D.

(Address) 514 Drury Lane

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 1 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87537 E 87537

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Ellerslie St. 2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Moore

(a) Residence: No. 3718 Ellerslie Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. Edward Moore

6. DATE OF BIRTH (month, day, year) June 1, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Thomas Hipner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Doellner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John M. Hyson

(Address) 3718 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Feb 13, 1933

19. UNDERTAKER John A. Tyson

(Address) 3000 E. Baltimore St.

20. Filed ..... 19 ..... Registrar.

FEB 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1932 to Feb. 10, 1933

I last saw her alive on Feb. 9, 1933 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Chest 5
arteriosclerosis	?
Hypostatic Pneumonia	Feb. 6 33

Other contributory causes of importance:

General Debility	1 year
Secondary Anemia	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George D. Liebler M. D.

(Address) 113 S. Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87538 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87538

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Myers

(a) Residence: No. 1316 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Myers

6. DATE OF BIRTH (month, day, year) Nov 10/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	1 2	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Charlestown., Va

FATHER

13. NAME William Myers

14. BIRTHPLACE (city or town) (State or country) Charlestown., Va

MOTHER

15. MAIDEN NAME Harriett Vanaetor

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Sarah Myers
(Address) 1316 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb 13. 1933

19. UNDERTAKER Henry Lutz
(Address) 1203 N. Broadway

20. FILED 2-11-1933 Huntington, W. Va. 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ... I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 2.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	? days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. Poole M. D.
(Address) 508 E. Fort Ave Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87539

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 131
CITY OF BALTIMORE: (No. 1512 W. Fulton St. 17th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Fizer
(a) Residence: No. 554 Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Archer Fizer
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Warren
(Address) 531 McCulloh

18. BURIAL, CREMATION, OR REMOVAL Date Feb 3 1933
Baltimore Cemetery

19. UNDERTAKER Adolph Hahn Established
(Address) 1500 Eutaw Place

20. FILED FEB 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-3-33 . 19 . to 2-10-33 19
I last saw him alive on 2-10-33 19 . Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 33
Cardiac failure	

Other contributory causes of importance:

Nephritis	
Ascites	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Boykin M. D.
(Address) 1512 Fulton

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1962-9

210 Asquith St

E 87540 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87540

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Irving Place 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Mary Adelman

(a) Residence: No. 12 Irving Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Adelman

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Blum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Blum - Son
(Address) 1218 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lev. Mem. Gdns. Date 2-12-33 19

19. UNDERTAKER Jack Louis Levy
(Address) 1235 E. Eutaw St.

20. FILED FEB 10 1933 Hunting for Williams Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932 to Feb. 10, 1933

I last saw h. alive on Feb. 10, 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestines	May 32

Other contributory causes of importance: Nephritis - Myocarditis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Bayless M. D.

(Address) 2046 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 87541

E 87541

CERTIFICATE OF DEATH

172-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. David Goldfine

(a) Residence: No. 126 N. Exeter St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. A. Steinberg
(Address) 1214 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cem. Date 2-12-33. 19...

19. UNDERTAKER Cook Funeral Inc.
(Address) 1739 E. Baltimore St.

20. FILED 2-12-1933 Hunter for [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1933 to Feb. 11 1933

I last saw him alive on Feb. 11 1933. Death is said to have occurred on the date stated above, at 8.35 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	
Bronchopneumonia	
Pulmonary Edema	
Myocardial Failure	

Other **contributory causes** of importance:

Name of operation Herniotomy Date of 2-9-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Cohen, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 12 1933

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87542 E 87542

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp St. 2-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Austin Hilinwicz

(a) Residence: No. 907 Fells St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) 8-6-?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER
13. NAME Joseph Hilinwicz
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Rosalie ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb 13, 1933

19. UNDERTAKER J. F. Ozarowski
(Address) 1921 E. Eastern Ave

FEB 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Feb 9, 1933
I last saw h[illegible] alive on Feb. 9, 1933. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Ozarowski M. D.
(Address) Baltimore City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Yospi

87543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87543

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 3-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Yospe

(a) Residence: No. 1424 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) Estimated 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pants Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 6

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Yospis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Yospe

(Address) 1010 Granby st

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Lazarus Date Feb 12 1933

19. UNDERTAKER S Levinson Bro

(Address) 112 NE Baltimore St

20. FILED 19 [illegible] Registrar.

FEB 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933 to February 11, 1933

last saw h alive on February 11, 1933 Death is said to have occurred on the date stated above, at 7:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	?
Broncho-pneumonia	?
Chronic Myocarditis	?

Other contributory causes of importance:

Generalized Arteriosclerosis	?
Varicose Ulcers of Legs	?
Essential Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87544

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1461 W. Lanvale St., 19-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Butler

(a) Residence: No. 1461 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Butler

6. DATE OF BIRTH (month, day, year) 1900

7. AGE 33 — Years 32 — Months ... — Days ... — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Adeline Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lucy Butler

(Address) 1460 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 2/12 1933

19. UNDERTAKER Walter B Lange

(Address) 139 W Lanvale St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Emaciation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H Polk Brown, M. D. Coroner

(Address) ...

STATE CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87545

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4710 York Road St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen L Clopton

(a) Residence: No. 4710 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Walter M Clopton

6. DATE OF BIRTH (month, day, year) Dec 28 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Myersville Md

FATHER

13. NAME Charles F Sturm

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Emma E Dudrear

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Walter M Clopton
(Address) 4710 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/3 1933

19. UNDERTAKER Wm H Ent & Co
(Address) 1210 E Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Feb 11 1933

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Oedema Cardiacum — Date of onset

of Uterus

Other contributory causes of importance:

Myocardiac degeneration

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1503 Hollins

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87546 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87546

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Kirkleigh Villa 4301 Roland Ave — Registered No.

CITY OF BALTIMORE: (No. 4301 Roland Ave St., 7-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret W. Forsyth

(a) Residence: No. Kirkleigh Villa 4301 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Ross W. Forsyth

6. DATE OF BIRTH (month, day, year) March 24th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co. Va.

FATHER

13. NAME John T. Smith

14. BIRTHPLACE (city or town) (State or country) Fauquier Co Va

MOTHER

15. MAIDEN NAME Margaret Lewis Marshall

16. BIRTHPLACE (city or town) (State or country) Fauquier Co Va.

17. INFORMANT Dr Henry Lee Smith

(Address) 4313 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Hollywood cem. Date 2-13-33 Richmond Va

19. UNDERTAKER Henry W. Jenkins' Sons Co

(Address) Richland Ave Guilford Ave & 25th St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to February 11th 1933

I last saw h.e alive on February 10th 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General senile myocardial degeneration leading to sudden myocardial obstruction with death in a few minutes	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Smith M. D.

(Address) 927 N. Calvert St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-21—M&T—500 Bks.

E 87547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87547

CERTIFICATE OF DEATH.

13

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1715. Hanover St. (ST.) 23-21 (WARD)

2-FULL NAME Frederick W. Discher.

(a) RESIDENCE NO. 1715 Hanover. St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora E. Discher.

6 DATE OF BIRTH (month, day, and year): April.14.1858.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
74	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

014

9 BIRTHPLACE (city or town) (State or country): Germy.

PARENTS

10 NAME OF FATHER: Frederick. W.Discher,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy.

12 MAIDEN NAME OF MOTHER: Erenstine.Glance.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy.

14 Informant: Dora E. Discher.

(Address): 1715. Hanover. St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27. 1933 to Feb. 9 1933, that I last saw h/M alive on Feb. 9 1933, and that death occurred, on the date stated above, at 6:00 Pm

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinite

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

2/10 1933 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb 13th 1933

20 UNDERTAKER: E Schloman Son

ADDRESS 1039 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important See instructions on back of certificates.

FEB 12 1933

M. D. H. 1268-A

87548

E 87548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 2-9-33 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Eberle

(a) Residence: No. 119 Fulmore St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

3a. If married, widowed, or divorced (or) WIFE of Dominick Eberle

6. DATE OF BIRTH (month, day, year) 10-7-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 100 Yrs

12. BIRTHPLACE (city or town) (State or country) Utica N. Y.

FATHER

13. NAME Warren Eaxler

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Genevieve Eberle

(Address) 119 Fulmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/14/33 19

19. UNDERTAKER George E. Rutherford

(Address) 1325 Edgewood Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1933 to Feb. 11, 1933

I last saw her alive on Feb. 11, 1933 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	2-10-33
Fracture of R humerus	2-9-33
Colles fracture	

Other contributory causes of importance:

R. Coroner's Autopsy

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/9, 1933

Where did injury occur? Fell to pavement, home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on pavement

Nature of injury Fracture R humerus & Colles fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Union Memorial Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 87549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87549

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 W. Franklin ST. 18-01 WARD)

2-FULL NAME Marquette Shaheman

(a) RESIDENCE NO. 1101 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6 1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Marquette Dick

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Wm J Shellenberger
(Address)

15 Filed FEB 12 1933, 19 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933 to Feb 9, 1933.

that I last saw h er alive on Feb 9, 1933,

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Harry Glassman M. D.

Feb 19 33 (Address) 2687 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/13 1933

20 UNDERTAKER H. Brauneggers

ADDRESS 1136 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87550

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Homestead St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Wistling

(a) Residence: No. 1522 Homestead St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Wistling

6. DATE OF BIRTH (month, day, year) Nov. 5, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Supt. Munsey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 0 yrs 6

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME August Wistling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary C. Wistling
(Address) 1522 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 1/13/33

19. UNDERTAKER Wm. C. Blank
(Address) 927 N. Broadway

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) February 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1932 to Feb 10 1933
I last saw h[illegible] alive on Feb 8 1933. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Hypostatitis	April
Mitral Regurgitation	1931

Other contributory causes of importance:

Name of operation — Date of —

What confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. Turgeon M.D. M. D.
(Address) 401 E. 25th St.

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-1921—M&T—1500 Blks.

87551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87551

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Mondawmin Ave ST. 13-01 WARD)

2-FULL NAME Benjamin Kuh

(a) RESIDENCE No. 3213 Mondawmin Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lina Kuh

6 DATE OF BIRTH (month, day, and year) July 14, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	72	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Samuel Kuh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosenauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lina Kuh

(Address) 3213 Mondawmin Ave

15 Filed FEB 12 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933 to Feb 11, 1933.

that I last saw him alive on Feb 10 - 1933,

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Senile Myocarditis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (secondary) Hypertension and Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins M. D.

2/12 1933 (Address) 1E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chet Holom Cem — DATE OF BURIAL: 2/13 1933

20 UNDERTAKER — ADDRESS: Athens Mo. 2432 Reisterstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 12 1933

AACo. 5-31 250B E87552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87552 E 87552

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 19 ds. How long in U.S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Mrs. Anna B. Donohue

(a) Residence: No. 1400 South Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Donohue

6. DATE OF BIRTH (month, day, year) Jan. 22, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ------
(State or country) Maryland

FATHER

13. NAME Bernard Campbell

14. BIRTHPLACE (city or town) ------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Fenton

16. BIRTHPLACE (city or town) -------
(State or country) Virginia

17. INFORMANT Frank J. Donohue
(Address) Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/14 19 33

19. UNDERTAKER Henry H. Meyer & Son
(Address) 508 N. Eutaw St.

20. FILED 2 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-4-33, 19, to 2-17-33, 19

I last saw h[illegible] alive on 2-17-33 19 death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hypostatic Failure	

Other contributory causes of importance:

Carcinomatosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. W. Donohue, M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87553

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Aparts St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ulysses S. Gibson

(a) Residence: No. Charles & 31st sts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan [illegible] King

6. DATE OF BIRTH (month, day, year) July 7.1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. brcker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel W.Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ann Gibson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Susan K.Gibson

(Address) Homewood Aparts

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2.13.33 19

19. UNDERTAKER [illegible]

(Address) 1900 Eutaw Place

20. FILED [illegible] 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1931 to Feb. 11 1933

I last saw him alive on Feb. 10 1933. Death is said to have occurred on the date stated above, at 11 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum -	May 1931.
Other contributory causes of importance:	
—	

Name of operation — Date of

What test confirmed diagnosis? Surgical exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts Building

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 14 1933

M. D. B. 1268-0

John W. Groom

B 87554

87554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Druid Hill Ave Ward)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Groom.

(a) Residence: No. 1006 Druid Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): [illegible]

7. AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ellen Warner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/13/, 1933

19. UNDERTAKER Daniel Boston

(Address) 916 Penna ave

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933, to Feb 10, 1933

I last saw him alive on Feb 9, 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 7, 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Cole M. D.

(Address) 1513 Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87555 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87555

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida May Clarke

(a) Residence: No. Perryville Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ira Johnson Clark

6. DATE OF BIRTH (month, day, year) May 22 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	8	21 ~~20~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Daniel Webster Allen

14. BIRTHPLACE (city or town) Albemarle Co. (State or country) Va.

MOTHER

15. MAIDEN NAME Isabelle Boyer

16. BIRTHPLACE (city or town) Ann Arundel Co. (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Friendship A. G. Co. Date Feb. 14, 1933

19. UNDERTAKER Wm. J. Eichenlaub Son

(Address) North & Paine.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-21-33, 19..., to 2-12-33, 19...

I last saw h[illegible] alive on 2-12-33, 19... Death is said to have occurred on the date stated above, at 5:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of transverse colon — with Obstruction	2 days
Myocarditis —	
Other contributory causes of importance: Prolapse of uterus	4-5 yrs.

Name of operation Laparotomy Date of 2-11-33

What test confirmed diagnosis? Clinical Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. L. Gauss M. D.

(Address) Md. Gen. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1933

M. D. B. 1268-8

E 87556

HEALTH DEPARTMENT—CITY OF BALTIMORE

87556

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp Ward) 15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August F. Dunford

(a) Residence: No. 2107 Clifton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August F. Dunford

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Wintz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Jane R. Blum

(Address) 2130 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2-13 19 33

19. UNDERTAKER Wm J Pickaver & Son

(Address) North & Penna Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1933 to Feb 10 1933

I last saw him alive on Feb 10 1933 Death is said to have occurred on the date stated above, at 12.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pinagel M. D.

(Address) Baltimore City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

B 131933

M. D. B. 1268-9

87557 E 87557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Manhattan Ave. St. 27-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geraldine Forero

(a) Residence: No. 2504 Manhattan Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) August 25, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	5	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Richard Forero

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Mildred James

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Alex R. James
(Address) 2504 Manhattan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem'ty Date Feb. 13, 1933

19. UNDERTAKER John O. Mitchell & Sons.
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933 to Feb 12, 1933

I last saw her alive on Feb 11, 1933 Death is said to have occurred on the date stated above, at 3 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	1/22/33
Other contributory causes of importance:	
Infect. Edematous Pneumonia	2/11/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James C. Todd M. D.

(Address) 735 N. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1933

M. D. B. 1268-9

B 87558 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 87558

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH Provident Hospital 19-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Coretta Brown

(a) Residence: No. 209 S. Carrick St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colrd	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sherman Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sherman Brown

(Address) 209 S Carrick st

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date Feb 13th 1933

19. UNDERTAKER A J Jones

(Address) 111 S Eutaw st

20. FILED FEB 13 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Febry 5, 1933, to Feby 8, 1933

I last saw h. alive on Feb 8 1933. Death is said to have occurred on the date stated above, at 8 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	

Other **contributory causes** of importance:

Ruptured appendix

Name of operation Drainage Date of 2-6-33

What test confirmed diagnosis? Path Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan Stigmo, M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 87559 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87559

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N. Poppleton st. St. 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Williams

(a) Residence: No. 103 N. Poppleton St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Wid.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carrie Williams

6. DATE OF BIRTH (month, day, year): Dec. 31, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	2.	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Construct.

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Westmoreland Co. Va.

FATHER

13. NAME: Henry Williams

14. BIRTHPLACE (city or town) (State or country): Westmoreland Co. Va.

MOTHER

15. MAIDEN NAME: Maria Ashby

16. BIRTHPLACE (city or town) (State or country): Westmoreland Co. Va.

17. INFORMANT: Susan Diggs (Sister)
(Address): 103 Poppleton st.

18. BURIAL, CREMATION, OR REMOVAL
Place: West Laurel Date: Feb 11th 19 33

19. UNDERTAKER: P. J. Jones
(Address): 111 S. Fremont st

20. FILED ... 19 33 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-8-1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st. 1933 to Feb. 8th 1933

I last saw him alive on Feb. 8th 1933 death is said to have occurred on the date stated above, at 11. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Abscess	
Other contributory causes of importance: Middle ear disease	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st.

OCCUPATION is very important. See instructions on back of certificate.

E 87560

M. D. B. 1268-9

E 87560 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87560

V 46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. B. & H. St. 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Minnie Jablonsky

(a) Residence: No. 1325 E. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of anna

6. DATE OF BIRTH (month, day, year) April 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor - Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Samuel Jablonsky

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levino Cemetery Date 2-13-33 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E Balto St

20. FILED FEB 13 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/33 19

22. I HEREBY CERTIFY, That I attended deceased from 6/20/ 1932 to 2/13/33 19

I last saw her alive on 2/13/33 19 Death is said to have occurred on the date stated above, at 2:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	?
with metastasis to Liver	?

Other contributory causes of importance:

Name of operation - Cholecystectomy Date of 2/12/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Phillip F. Levin M. D.

(Address) West Baltimore General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 87561

E 87561 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 128

1. PLACE OF DEATH Maryland Gen. Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 (Ward)

Length of residenre in rity or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 41 yrs. ..... mos. ..... ds.

2. FULL NAME Carl W Jacobson

(a) Residence: No. 405 Bell Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs CW Jacobson

6. DATE OF BIRTH (month, day, year) Nov 6/88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 79	3	6	

OCCUPATION

8. Trade, profession, or partirular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (rity or town) (State or country) Sweden

FATHER

13. NAME Abraham Ely Jacobson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sara Rebecca

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Washington Cem Date 2-13-33 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E Baltimore St

20. FILED FEB 13 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-11-33 19 to 2-12-33 19

I last saw him alive on 2-12-33 19 Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related rauses of importanre were as follows:

	Date of onset
Acute Pancreatitis	4 days
" Cholecystitis	2 mos.
Other contributory rauses of importance:	
acute Cardiac Failure	15 min

Name of operation Cholecystotomy Date of 2-12-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external rauses (violenre) fill in also the following:
Acrident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Sperify rity or town, county, and State)

Specify whether injury orcurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M.D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12 9 25—A Co.—200 Blks.

E 87562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87562

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sophie Lohrer

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent Lohrer

6 DATE OF BIRTH (month, day, and year): 23 November 1868 ?

7 AGE: 64 Years (65 yrs ?) | Months: 2 | Days: 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Francis Engler

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Mrs. Finkelhaut

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sister Stanislaus, Supr.

(Address): 1200 Valley St.

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10th 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1933, to Feb 10th, 1933, that I last saw her alive on Feb 9th, 1933, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) L. Mc Parker, M. D.

2/11, 1933 (Address) 111 E Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: 2/13 1933

20 UNDERTAKER: Richard Meyer 1626 — ADDRESS: Asbury

13 1933

Spec.—8-16-29—L. F. S.—100 Bks.

E 87563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87563

CERTIFICATE OF DEATH

193-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Ellamont Rd ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward S. Stubbs

(a) RESIDENCE NO. 3501 Ellamont Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of B. Helen Stubbs

6 DATE OF BIRTH (month, day, and year) Nov. 19-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 566

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate + Insurance

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edwd S. Stubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary E. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs B. H. Stubbs (Address) 3501 Ellamont Rd

15 Filed [illegible] 19 [illegible]

B 131933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11/33

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Feb. 11, 1933

that I last saw him alive on Feb. 11, 1933

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis about 2 yrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Stubbs M. D.

Feb 12, 1933 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL Feb 13 1933

20 UNDERTAKER Chas. E. Franck ADDRESS 807 Madison ave

Important. See instructions on back of certificate.

M. D. B. 1268-9

87564 HEALTH DEPARTMENT—CITY OF BALTIMORE 87564

CERTIFICATE OF DEATH

T-115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1st come 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna R Dropp

(a) Residence: No. Bloomy Balto, 6, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dropp

6. DATE OF BIRTH (month, day, year) Feb 18 81

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Cuddy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Hesse

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Werley Cemetery Date Feb 15 1933

19. UNDERTAKER W. E. Brooks & Son
(Address) Dundalk Md

20. FILED FEB 13 1933 Harrington Hill Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1933 to 2/12 1933

I last saw h[illegible] alive on 2/12 1933 Death is said to have occurred on the date stated above, at 5-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis right femoral artery gangrene	2 weeks
Malignant Neoplasm Ureal tumor of breast	
Secondary anemia	
Other contributory causes of importance:	
Bronchopneumonia	2 days
	about

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Gardner M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87565 E 87565

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1510 Edmondson Ave (Street and) (Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F. Schwing

(a) Residence: No. 1510 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Valentine Schwing

6. DATE OF BIRTH (month, day, year): January 1851

7. AGE: Years: about 72; Months: 1; Days: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Ferdinand Fennemann

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Catherine Carle

(Address) 1510 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date Feb. 14 1933

19. UNDERTAKER: Wagner & Flynn

(Address) 1501 Edmondson Ave

20. FILED FEB 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1933 to Feb. 10 1933

last saw her alive on 2/10 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	5 yrs.
Ch. interstitial nephritis.	
Generalized arteriosclerosis	

Other contributory causes of importance:

Pulmonary edema	2 days
tuberculosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Mears M. D.

(Address) 804 Cathedral St

1-30—M. & T.—200 B—50L

E 87566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87566

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. Sharp St. S 22-01 WARD)

2-FULL NAME Bertha Moore. (C)

(a) RESIDENCE NO 822 S. Sharp St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 25, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Clarence Moore. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Ethel Wilson. (C)

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Clarence Moore, (C) father.
(Address) 822 S. Sharp St.

15 Filed FEB 13 1933 19 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia.
unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonard, M. D.
Coroner
2/13/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cet

DATE OF BURIAL 2/14/1933

20 UNDERTAKER Isaac L. Brown & Son

ADDRESS (108 W. Monument)

CAUSE OF DEATH in plain terms, so that it may be properly classified. LAST STATEMENT OF OCCUPA-
TION is very important See instructions on back of certificates.

M. D. B. 1268-9

87567. **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87567.

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Magness

(a) Residence: No. 1902 Hucadma St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of dead

6. DATE OF BIRTH (month, day, year) Feb 19-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	72	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert ?

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Jno W McFadden

(Address) 1234 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Feb 13th 1933

19. UNDERTAKER Jno F Cook

(Address) 1217 St Paul St

20. FILED Feb 14 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1933 to Feb 10 1933

I last saw her alive on Feb 10 1933 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Bronchopneumonia	Feb 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Chappell M. D.

(Address) Baltimore City Hosp.

E

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87568 HEALTH DEPARTMENT—CITY OF BALTIMORE 87568

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. MARYLAND General Hos St., 25-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss EMA Kunkel Lance Raushtaus

(a) Residence: No. 1117 Pine Height Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 2nd 1905 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Co

10. Date deceased last worked at this occupation (month and year) Feb. 10 - 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

FATHER

13. NAME George E. Rovenhouse husband

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME Lena Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Crematorium Date Feb 14th 1933

19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 . 1933. to Feb. 11 . 1933.

I last saw her alive on Feb 11 . 1933. Death is said to have occurred on the date stated above, at 10:45 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
with acute Cardiac	
failure →	2-11-33

Other contributory causes of importance:

Appendectomy	
Oophorectomy } Rt. side	2-11-33
Salpingectomy	

Name of operation See CONTRIBUTORY CAUSES Date of 2-11-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. T. Thorpe M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

N. Clark. Latrobe Apt Va 15-80 / Charles Rd 21 / E 87569

87569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Liberty Hghts Ave 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Arnold Nice

(a) Residence: No. 4012 Liberty Hghts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Minnie Tucker Nice

6. DATE OF BIRTH (month, day, year) Nov 15 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Keyser (State or country) West Va.

FATHER

13. NAME Rev Henry Nice

14. BIRTHPLACE (city or town) Phila (State or country) Pa.

MOTHER

15. MAIDEN NAME Clay S. Arnold

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Minnie K. Nice

(Address) 4012 Liberty Hghts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 13 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Feb 10, 1933

I last saw h alive on Jan 9, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928
Other contributory causes of importance: Cerebral Hemorrhage	1 Mon

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Jerome C. Clarke M. D.

2-13-33 (Address) Latrobe Apt

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87570 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87570

CERTIFICATE OF DEATH

107-001

Registered No. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Cedarcroft Road St.) (Ward)

Length of residence in city or town where death occurred 82 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Ballard Hagger

(a) Residence: No. 302 Cedarcroft Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Sarah Allen Hagger

6. DATE OF BIRTH (month, day, year) Dec 6 1850

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hagger

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Lavinia Cooper

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mrs. Joseph B. Hagger
(Address) 302 Cedarcroft Road

18. BURIAL, CREMATION, OR REMOVAL.
Place Laurel Cem. Date Feb 14 23 19

19. UNDERTAKER Stuart & Brown Company
(Address) 6 E. North Ave.

20. FILED Feb 15 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12/33 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 8/33 19 to Feb 12/33 19

I last saw h[illegible] alive on Feb 9/33 19 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Feb 8/33

Other contributory causes of importance:

Broncho-pneumonia	Feb 8/33

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wilbur Drubbel M. D.

(Address) 2220 Harrison Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

87571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

REGISTERED NO. E 87571

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 3-01 (WARD)

2-FULL NAME August Merkel

(a) RESIDENCE NO 801 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 9 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Stayerman Machine Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Merkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Tribull

(Address) 2601 Eastern ave

15 Filed FEB 13 1933 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating Gas
Suicide

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 801 E Pratt St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Rubber Hose & Mouth

(Signed) James M Fenton, M. D. Coroner

2/13/1933 (Address) 7001 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL 2/14/1933

ADDRESS 7001 Chase

20 UNDERTAKER John Weems

TION is very important. See instructions on back of certificate.

M. D. R. 1208-9

87572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87572

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Frances A Brownell

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot County Md

FATHER

13. NAME John D Nabb

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie E Boggs

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forrest
(Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 14 1933

19. UNDERTAKER George C Smith
(Address) 1532 Pulaski St

20. FILED FEB 13 1933, 19 H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 19 33, to Feb 13, 1933

I last saw h r alive on Jan. 31, 19 33 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Chronic	? yrs

Other contributory causes of importance:

Senility	? yrs.
Senile Pneumonia	1 day. Jan. 33

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Boyd M. D.

(Address) 1115 St. Paul St.

FEB 13 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 87573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87573

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Orleans St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Maria Jr.

(a) Residence: No. 2524 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Maria

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Barbaro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Maria Sr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb 14, 1933

19. UNDERTAKER Frank V. Pikitone
(Address) 818 E. Balto st

20. FILED FEB 13 1933 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Feb 11, 1933
I last saw him alive on Feb 11, 1933 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Feb 11 '33 last one hour	
Other contributory causes of importance Pulmonary TB	2 yrs
	1
	?

Name of operation None Date of

What test confirmed diagnosis Exam was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 100 N Linwood Ave

E-87574 1500 Bks.

E 87574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 931 ½ Eugene ave. (ST.,) 7-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas O'Connell

(a) RESIDENCE NO. 931 N. Eugene ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary O'Connell

6 DATE OF BIRTH (month, day, and year): March 20, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grain Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John O'Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Barbara Rider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary O'Connell

(Address): 931 N. Eugene ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 11 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1933, to Sept. 11, 1933,

that I last saw him alive on Sept. 11, 1933,

and that death occurred, on the date stated above, at 6.05 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus.

(duration) ... yrs. 11 mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmidt, M. D.

9/11, 1933 (Address) 701 N. Kenwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 14 1933
20 UNDERTAKER: Frank V. Pipitone	ADDRESS: 2818 E Balto

FEB 13 1933

TION is very important. See instructions on back of certificates.

M. D. B. 1269-0

87575 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87575

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Joseph's Hosp — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 27-61 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Becker

(a) Residence: No. 2906 Westfield Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of August J. Becker.

6. DATE OF BIRTH (month, day, year) Apr. 5 1895.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John G. Mueller.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Creszentia Burger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT August J. Becker (Husband)
(Address) 2906 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Feb. 14 19 33

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar

FEB 13 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 , 1933 to Feb 10 , 1933

I last saw h.cr alive on Feb 10 , 1933 Death is said to have occurred on the date stated above, at 10:17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Valvular Heart Disease	1909 (?)
Multiple Cerebral Emboli	2/3/33
Other contributory causes of importance: Interstitial Nephritis	(

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) S. M. Wyeneller M. D.

(Address) St Josephs Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87576

CERTIFICATE OF DEATH

Registered No. 87576

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S. Bouldin St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE J. QUINN.

(a) Residence: No. 801 S. Bouldin St. St., 26 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) May 6, 1926.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John M. Quinn.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Hohman.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John M. Quinn (Father)

(Address) 801 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathederal Date Feb. 15 1933

19. UNDERTAKER Lilly & Feiler Inc.

(Address) 403 S. Wolfe St.

20. FILED FEB 13 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Feb 11 1933

I last saw h-er alive on Feb 11 1933 Death is said to have occurred on the date stated above, at 1130a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Arthritis	unknown

Other contributory causes of importance:

Acute Cardiovascular	2/1/33

Name of operation Date of

What test confirmed diagnosis Autopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H B Tatlow M. D.

(Address) 345 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1261-A

87577

✓ E 87577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Ellwood Ave. St., 10th Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA L. DOTTERWEICH.

(a) Residence: No. 717 S. Ellwood Ave. St., / Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter C. Dotterweich.

6. DATE OF BIRTH (month, day, year) June 30 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife. 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George F. Streckfus.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Peter C. Dotterweich. (Hus)
(Address) 717 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feb. 14 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Feb. 10 1933

I last saw h[illegible] alive on Feb. 10 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Nephritis	1/16/33
Other contributory causes of importance:	
Hypostatic Congestion & Arteriosclerosis	3yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Joseph Cooper M. D.

(Address) 700 S. Ellwood Ave

M. D. R. 1268-B

E 87578

HEALTH DEPARTMENT—CITY OF BALTIMORE B87578

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Montpelier St., 9-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Benj. F. & Edna Bowen

(a) Residence: No. 1205 Montpelier St., I Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Benj F. Bowen
14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Edna Bryan
16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Benj F. Bowen
(Address) 1205 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Feb 15 1933

19. UNDERTAKER Libby-Ziser Inc.
(Address) 403 B & W Way H.

20. FILED FEB 13 1933 (19..) Registrar ....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 12 1933

I last saw her alive on Feb 12 1933 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failed in an attempt to recusitate after 2½ days in Labor Premature birth in a 94 yea old Primipara patient	
Other contributory causes of importance: Possible injury to Child in delivery.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo L Zimmerman M. D.

(Address) 1201 Harford Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. R. 1966-2

87579

HEALTH DEPARTMENT—CITY OF BALTIMORE

87579

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto. City Hospitals—TB. Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Atkin

(a) Residence: No. 4419 Parkmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Atkin

6. DATE OF BIRTH (month, day, year) July 5th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	54	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Feb. 15th 1933

19. UNDERTAKER Frederick Sisamore Sons
(Address) 1401 Belair Road

20. FILED 2-13-1933 Edington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1932 19..... to Feb. 12, 1933

I last saw him alive on Feb. 12 1933. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs and spine	1931?
Other contributory causes of importance:	
Tuberculosis of meninges	1933

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) Conrad Acton M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

Vlk

87580

E 87580

93-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 936 E. Eutaw St ST. 7-01 WARD (VLK)

2-FULL NAME Mrs. Agnes Vlk

(a) RESIDENCE NO. 936 E. Eutaw St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Vlk

6 DATE OF BIRTH (month, day, and year) Feb.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Zabesie Czechoslovakia

PARENTS

10 NAME OF FATHER Jan Sumec

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czechoslovakia

12 MAIDEN NAME OF MOTHER Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czechoslovakia

14 Informant Vincent Vlk
(Address) 936 E Eutaw st

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13/33

17 I HEREBY CERTIFY, That I attended deceased from 2-13-33 19.. to 2-13-33 19.. that I last saw h[illegible] alive on 2-13-33 19.. and that death occurred, on the date stated above, at 10 am m.

The CAUSE OF DEATH* was as follows:
Hypostasis - myocardial
Influenza 3 days M.M.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Admission Date of 2-13-33

Did an operation precede death? .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2-17-19 33 (Address) 936 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Feb. 16 1933

UNDERTAKER Frank Brack & Son ADDRESS 1906 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87681

CERTIFICATE OF DEATH

34 E 87581

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 19-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Celine Grimes

(a) Residence: No. 1311 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1-26-1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bamberg S.C.

FATHER

13. NAME Henry Grimes

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Belle Mayfield

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md Med College Date Feb 13 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1933 to 2-10, 1933

I last saw h[illegible] alive on 2-10-, 1933 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis Left Mandible - Chronic	1/20/33 (?)
Aortic Stenosis	?
Oral Sepsis	
Other contributory causes of importance:	
Myocardial failure - (Acquired)	2-10-33

Name of operation none Date of

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87582 23 E 87582

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 11-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Martinez

(a) Residence: No. 1100 Madison ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) April 15, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME Rodrigo Martinez

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Castula Markis

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, or REMOVAL Place Mt Wallegy Date Feb 13 1933

19. UNDERTAKER Louis Easton 416 Penna Ave
(Address) Huntington West Virginia

Feb 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932, to February 11 1933

I last saw him alive on February 11 1933. Death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1932
Fistula in ano	April 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Steer M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87583

CERTIFICATE OF DEATH.

159 E 87583

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 824 N. Colvert St. 12-21 Ward)

2-FULL NAME Mary McCue

(a) RESIDENCE NO. 824 N. Colvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/10/33

7 AGE — Years — Months — Days — IF LESS than 1 day 9 hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) 824 N. Colvert St

10 NAME OF FATHER Mark McCue

11 BIRTHPLACE OF FATHER (city or town)
(State or country) W. Va

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

PARENTS

14 Informant
(Address)

15 Filed ..., 19 ... Registrar

0151

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1933

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1933, to 2-11, 1933, that I last saw h[illegible] alive on 2-10, 1933, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. E. Franke, M. D.

, 19 (Address) 1123 E. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

J. H. Med College — Feb 13 1933

20 UNDERTAKER — ADDRESS

M. D. H. 1268-9

87584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 87584

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Roanoke Ave St., Q-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Lee

(a) Residence: No. 514 Roanoke Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Francis Lee

6. DATE OF BIRTH (month, day, year): June 17-1850

7. AGE: Years 82 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Md

FATHER

13. NAME: Robert L. Barnes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Barnes

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Clyde L. Lee
(Address) 514 Roanoke Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's Hampden Feb. 14 1933

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Fallsway

20. FILED 2-13-33 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1933 to Feb 12 1933

I last saw her alive on Feb 13 1933. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	18 hrs before death
Left Side	

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

26. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheeler M. D.

(Address) 4805 York Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87585

CERTIFICATE OF DEATH

E 87585

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lina Strauss

(a) Residence: No. Sinai Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1873

7. AGE 60 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joseph Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie Lazarus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records
(Address) Sinai Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Heb. Cem. Date Feb 14 1933

19. UNDERTAKER David Sondheim & Son
(Address) 1 E. Lexington St. Baltimore, Md.

FEB 13 1933

20. [illegible] 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1929 to Feb 12, 1933

I last saw her alive on Feb 12 1933 Death is said to have occurred on the date stated above, at 4 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8 weeks
Cardiac Insufficiency	1 year
Chronic Endocarditis	3 years
Chronic Myocarditis	8 "

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) S. Legum M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

87586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87586

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4127 Marx Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Fleigh

(a) Residence: No. 4127 Marx Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Fleigh

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Owen Banaghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank Fleigh
(Address) 4127 Marx Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb. 14th. 19 33

19. UNDERTAKER Chas. E. Ernst & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 19 Registrar.

131933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11th 33

22. I HEREBY CERTIFY, That I attended deceased from January, 1928, to February 11th, 1933

I last saw h[illegible] alive on February 11th, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Intestinal Hemorrhage	2-9-33.
Other contributory causes of importance:	
Mitral Stenosis	1928

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. E. Croxo M. D.

(Address) 28 W. 25th St.

M. D. R. 1268-9

E 87587 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87587

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital Registered No. 159

CITY OF BALTIMORE: (No. Baltimore, Md St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Woodland

(a) Residence: No. 1530 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Infant

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 2-5-33

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Woodland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bonnie Coker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb 13 19 33

19. UNDERTAKER

(Address)

2-13-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1933, to 2-9, 1933

I last saw h.C.R alive on 2-9, 1933. Death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Labor (6½ mos)	

Other contributory causes of importance:

Not known

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M B Butler M. D.

(Address) Provident Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87588

CERTIFICATE OF DEATH

23 E 87588

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Myrtle Ave 17-01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... d. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Alessi

(a) Residence: No. 508 Myrtle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Gertrude Alexander

(Address) 508 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Del. Date 2/16 1933

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 W. Biddle St

20. FILED ... 19... Registrar.

2/31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
1 year	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87589

CERTIFICATE OF DEATH

167 E 87589

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 W. Pulaski 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rudolph L Walker

(a) Residence: No. 1927 W. Pulaski Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 20-1896

7. AGE: Years 36 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 604

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred L. Walker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wenzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred L. Walker

(Address) 1925 W. Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Feb. 14 1933

19. UNDERTAKER Geo. W. Tuttle

(Address) 2700 Edmondson Ave

Feb 13 1933 . 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide — Pistol Gunshot Wound of Brain

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87590

CERTIFICATE OF DEATH

E 87590

11-00

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1475 Stevenson St. 24 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Cooke

(a) Residence No. 1475 Stevenson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora Vickers

6. DATE OF BIRTH (month, day, year): Oct 16. 1860

7. AGE: Years 72 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery 824

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

FATHER

13. NAME: Griffert Cooke

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Cora Cooke

(Address) 1475 Stevenson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 16 33

19. UNDERTAKER: Thos E Stevens

(Address) 1501 Pennsylvania Ave

131933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 13 1933

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from Feb 6th 1933 to Feb 13th 1933

I last saw him alive on Feb 13th 1933. Death is said to have occurred on the date stated above, at 10½ a m.

The principal cause of death and related causes of importance were as follows:

Date of onset 2/6/33

Bronchopneumonia following influenza

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Heubel M. D.

2/15/33 (Address) 1224 Hanover St

M. D. B. 1268-9

87591

HEALTH DEPARTMENT—CITY OF BALTIMORE

87591

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Amelia Rampello

(a) Residence: No. 10 N. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Vincent Rampello

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Proctor.

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date 2/14, 33

19. UNDERTAKER John J. Fahey Son

(Address) 1215 E. Lafayette St

Huntington Williams, Registrar.

31933

O. K. H.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933 to Feb 12, 1933

I last saw h[illegible] alive on Feb 12, 1933 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. K. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87592 E 87592

CERTIFICATE OF DEATH

210-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. 7-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Merle S. Rusk

(a) Residence: No. 6118 Stuart Ave, Ward. Westminster

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Merle D. H. Rusk

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Minnie Swan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr Merle D. H. Rusk

(Address) 6118 Stuart Ave

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cem Date Feby 14 1933

19. UNDERTAKER Chas D. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 2-13-33 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19... to Inquiry 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	2/11/33
Other contributory causes of importance:	
Automobile Accident	2/11/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/11 1933

Where did injury occur? South & Kelley Aves Westminster Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury While skidding, ran into moving automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 300 E Madison St

M. D. B. 1268-9

87593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87593

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Kehl

(a) Residence: No. 1605 East 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Mary Kehl

6. DATE OF BIRTH (month, day, year): July 9, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md Safety Valve Co

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Nickolas Kehl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Eva Biriskner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mamie M. Kehl

(Address): 1605 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Feb 15th 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. Filed [illegible] 1933 Registrar

137933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1932 to Feb. 12, 1933

I last saw him alive on Feb 12, 1933. Death is said to have occurred on the date stated above, at 11 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease	1918
c generalized decompensation	
Myocardial failure	Dec. 1932

Other contributory causes of importance:

Chronic nephritis	(?)
Arteriosclerosis	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Webber Young M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87594

HEALTH DEPARTMENT—CITY OF BALTIMORE 87594

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Pontiac Ave St. 25th (Main)a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Morris

(a) Residence: No. 200 Pontiac Ave St., Brooklyn Yard.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Nicholas B. Morris

6. DATE OF BIRTH (month, day, year) May 21st 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Camden N. J.

FATHER

13. NAME Robt Kelsall

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth S. Whitehead

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Vanya J. Morris

(Address) 200 Pontiac Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 14th 193[illegible]

19. UNDERTAKER H. M. Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

FEB 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16 1932 to Feb 11 1933

I last saw h[illegible] alive on Feb 9 1933 Death is said to have occurred on the date stated above, at 10[illegible] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Peritonei	1/28/33
Other contributory causes of importance: Hemorrhage Carcinoma	6/1/01

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1266-9

87595 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87595

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4223 White Av St., 26-24 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Dose

(a) Residence: No. 4223 White Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Henry A. Dose

6. DATE OF BIRTH (month, day, year) Jan 31st 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 0

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dora Dose

(Address) 4223 White Av

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 15 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932 to July 12, 1932

I last saw her alive on July 12, 1932. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/7/33

Other contributory causes of importance:

Senility & Coma

E. Salitine Colic 11/26/30

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Alex Lugh M. D.

(Address) 7 of N Bdway

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87596 46 E 87596

87596

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Walbrook Ave St., 15-41 Ward)

(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan A. Welling

(a) Residence: No. 2141 Walbrook Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of David Welling

6. DATE OF BIRTH (month, day, year) Jan 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 03

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME Samuel Stansbury

14. BIRTHPLACE (city or town) (State or country) Uniontown Md

MOTHER

15. MAIDEN NAME Matilda Little

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Howard Welling

(Address) 1103 N. Athelton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 15th 1933

19. UNDERTAKER H. M. Cook

(Address) 1219 St Paul St

20. FILED Feb 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1933 to Feb. 12 1933

that I last saw h alive on Feb. 12 1933 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	18 mo.
Pneumonia	2 days

Other contributory causes of importance:

Name of operation No Date of No

What test confirmed diagnosis Clinical & Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. Welling M. D.

(Address) 2707 W. North Ave

2/18/33

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 12689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87597

E 87597

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Vatier

(a) Residence: No. 840 N. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years about 69 Months Days If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Jean Vatier

14. BIRTHPLACE (city or town) (State or country) France.

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank Vatier

(Address) 6241 Dry Harbor Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New York Pray Date Feb 14, 1933

19. UNDERTAKER John C. Muller

(Address) 2335 E. Lexington St.

Huntington Hollands, Ltd

131933

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Accidental Death due to being Asphyxiated by Illuminating Gas from Stove

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) Coroner

M. D. B. 1268-9

E 87598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87598

CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. (6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Smith

(a) Residence: No. 112 W Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wallace Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Justine Reich

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/14/33 19

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1232 Druid Hill Ave

FILED FEB 14 1933

(Signature) Residence

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1933 to Feb. 12, 1933

I last saw him alive on Feb. 8, 1933 Death is said to have occurred on the date stated above, at 11:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	1-30-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward F. Bolan M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87599

87599

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Druid Hill St., 14-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Coleman Williams

(a) Residence: No. 618 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Williams

6. DATE OF BIRTH (month, day, year) Sept 15 1877

7. AGE Years 55 Months 4 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Yes

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Della Williams
(Address) 618 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 2/17/33 19

19. UNDERTAKER [illegible]
(Address)

20. FILED FEB 14 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 I last saw h alive on [illegible] 19 Pregnancy. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of Cervix	6 months

Other contributory causes of importance:

Name of operation [illegible] Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Luik Coroner M. D.
(Address) Coroner

E.D. 87600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87600

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 627 Pitcher St. 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Royal F. Gregory

(a) Residence: No. 627 Pitcher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1854

7. AGE Years 78 Months 9 Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Gertrude Saunders
(Address) 627 Pitcher

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/14/33

19. UNDERTAKER Mrs. Grace H. Fisher
(Address) 1201 Druid Hill Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation Regular Date of No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leigh Hearn M. D.
Coroner
(Address) Coroner

M. D. B. 1268-0

87601 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87601

CERTIFICATE OF DEATH

✓ 94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Bank St., 3-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES KRUMMECK JR.

(a) Residence: No. 1328 Bank St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Krummeck

6. DATE OF BIRTH (month, day, year) March 7, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Oyster Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Charles Krummeck Sr.

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Mauler

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mr. George J. Krummeck (brother)

(Address) 2 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb. 14. 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander

(Address) Baltimore & Broadway

20. FILED Feb 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

87602 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 87602

CERTIFICATE OF DEATH

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 E. Pratt St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME John Noviski

(a) Residence: No. 2106 E. Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Noviski

6. DATE OF BIRTH (month, day, year) ? 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Gregory Noviski

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Jane Champness

(Address) 2124 Cliftwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Cemetery Date Feb. 15 1933

19. UNDERTAKER John Grebliauckas, L. B.

(Address) 423 S. Paca Street,

FILED FEB 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 11 - 1933, to Feb - 12 - 1933

I last saw him alive on Feb - 12 - 1933 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/11/33

Other contributory causes of importance:

none

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-9

E 87603 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87603

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Belvedere & Greenspring Ave. (Ward) 27-81

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Freda Rosenberg

(a) Residence: No. Belvedere & Greenspring Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Meyer Rosenberg

6. DATE OF BIRTH (month, day, year) Unknown	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7. AGE	71			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Own)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Elias Engel
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Benj Rosenberg
(Address) 1616 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 14, 1933

19. UNDERTAKER Sol Fennessey Son
(Address) 1111 E Baltimore St

FILED FEB 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said

I last saw h... alive on ... m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure (Coma)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Sol Fennessey Son Coroner ... M. D.

(Address) 3672 Portland

M. D. H. 1368-3

87604

E 87604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Regina Dallinger

(a) Residence: No. 3537 Belvedere Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Feml	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Dallinger

6. DATE OF BIRTH (month, day, year) 1888 or 89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Adolph Greenhood

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Johanna Berger

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT F. Greenhood

(Address) N. Howard st

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Feb 14 1933

19. UNDERTAKER for Lerner & Bro

(Address) 1127 E Balto st

20. FILED 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from January 20 1933 to February 13 1933

I last saw h.. alive on February 13 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 months
Arteriosclerosis	12 years
Myocardial Degeneration	12 years
Other contributory causes of importance:	
Diabetes	10 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

87605 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87605

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Light St. 23-01 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George b. Austen Jr.

(a) Residence: No. 1926 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Feb 1 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66.	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Em. + Sta Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George b. Austen Sr.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Rebecca A. Chandler

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mr. Edes.
(Address) 1926 Light.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet. Date 2/14 1933

19. UNDERTAKER J. Fenn Mc Cully
(Address) 130 S Front

Feb 14 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1933 to Feb 11 1933

I last saw him alive on Feb. 9 1933 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Acute Cardiac dilatation	2/11/33
Other contributory causes of importance: Senile Hypostatic	2/11/33

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

Spec.—9-30—A. & Co.—250 Bks.

87606 Scott

HEALTH DEPARTMENT—CITY OF BALTIMORE

87606

CERTIFICATE OF DEATH

1-PLACE OF DEATH Shelter for Aged Col. Persons ✓ 131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 517 W. Biddle ST 17-81 WARD)

2-FULL NAME Annie Scott

(a) RESIDENCE NO. 517 W. Biddle ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widowed

5a If ~~married~~, widowed, or divorced
HUSBAND of
(or) WIFE of Stefanie Scott ? ?

6 DATE OF BIRTH (month, day, and year) 1860.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Herbert Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Miss. Robinson
(Address) 517 W. Biddle.

15 Filed FEB 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 12-1933

17
I HEREBY CERTIFY, That I attended deceased from Feby 1, 1933, to Feby 12, 1933
that I last saw her alive on Feby 10, 1933
and that death occurred, on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. C. Patterson M. D.
2/13, 1933 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Feb. 14 1933

20 UNDERTAKER Chas. E. Evans ADDRESS 801 Madison ave

M. D. B. 1268-0

E 87607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87607

CERTIFICATE OF DEATH

6-01 V 11-001

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 236 N Patterson park St., 6 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Magdalena Pierson

(a) Residence: No. 236 N Patterson park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar A Pierson

6. DATE OF BIRTH (month, day, year) Mar 21 st 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10 1	21 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Zapf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Gertie Pierson

(Address) 236 N Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Friday 10 1933

19. UNDERTAKER John Ullrich

(Address) 1222 Orleans St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 12 th 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1 1933 to February 12 1933

I last saw her alive on February 11 1933 Death is said to have occurred on the date stated above, at 1.15 am

The principal cause of death and related causes of importance were as follows:

Influenza and Acute Bronchitis — Date of onset 12 days ago.

Other contributory causes of importance:

Acute hepatitis and Pneumonia. — 2 days ago.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Ensey Berg M. D.

(Address) 2052 Hoek Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87608 E87608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 79-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Brown

(a) Residence: No. Stemmer's Run, Back River Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella I Young

16. BIRTHPLACE (city or town) (State or country) Md N.C.

17. INFORMANT John Brown
(Address) Back River Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Alexander's Date 2/14/33 19

19. UNDERTAKER Mrs R.G. Elliott
(Address) 1229 N Caroline St

20. FILED 2-14-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5.10m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Meningitis	24 hrs
Septicemia	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 506 E Monument

M. D. B. 1268-9

E 87609

87609 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Merryman Lane St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Preston Walton

(a) Residence: No. 426 Merrymans Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

3a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Sadie Walton

6. DATE OF BIRTH (month, day, year) 1892

7. AGE 41 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 59

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Walton
(Address) 426 Merrymans Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/14/33 19

19. UNDERTAKER Samuel J. Beloff & Co
(Address) 508 N Eutaw St

20. FILED FEB 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th 1933 to Feb 11th 1933

I last saw h[illegible] alive on Feb 11th 1933 Death is said to have occurred on the date stated above, at 8 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	2/9/33
Other contributory causes of importance: Uremic Convulsions	2/5/33
Carcinomatosis Peritonei	2

Name of operation — Date of —

What test confirmed diagnosis Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George Forgeston M D M. D.

(Address) 401 E 25th St

M. D. B. 1208-0

E 87610

E 87610 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4227 Nicholas Ave St. 26-a1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lois Mae Coburn

(a) Residence: No. 4227 Nicholas Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1st 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Edward Coburn

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Viola Richardson

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Edward Coburn
(Address) 4227 Nicholas Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date Feby. 14th 1933

19. UNDERTAKER John Ullrich
(Address) 3222 Orleans St

No. 111 Huntington Ave Registrar

FEB 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 A.M. 1933 to Feb. 13 P.M. 1933
I last saw h.. alive on Feb. 13" 1933. Death is said to have occurred on the date stated above, at 10.15 a m m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate cause of Death was Heart Exhaustion, due to LOBAR PNEUMONIA	
Right Lung completely consolidated and left lung filling up.	
Other contributory causes of importance:	
Congenital malformation of ribs on RIGHT side, pressing inward; (Possible Traumatic)	

(OVER)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chester O Woodward M. D.

(Address) 4410 Belair Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87611 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87611

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2263 Reistertown Road St., 13-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret S. Widerman (Susan Margaret Widerman)

(a) Residence: No. 2263 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alfred H. Widerman

6. DATE OF BIRTH (month, day, year) January 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter W. Gemmill

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Rebecca Davis

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. W. W. Widerman

(Address) 615 Coleraine Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cemetery Date Feb. 14, 19 33

19. UNDERTAKER Joseph H. Cook

(Address) 1063 W. Baltimore St.

20. FILED FEB 14 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.30A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Disease
Pneumonia

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Monroe, M. D.
Coroner

(Address) 3632 Roland Ave.

E.D. 87612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87612

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 E. Chase Street St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Elizabeth Battenfield

(a) Residence: No. 1837 E Chase Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George D Battenfield

6. DATE OF BIRTH (month, day, year): Nov. 21, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Jacob Deisenroth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Wiseman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Margaret Taylor

(Address): 1837 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's [illegible] Date 2/14/33 19...

19. UNDERTAKER: George D. Ruth Inc

(Address) 1837 E. Chase Street

20. ISSUED FEB 14 1933 by Huntington White

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 12 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2 1933 to February 12 1933

I last saw her alive on February 11 1933 Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/2/33

Other contributory causes of importance:

Arteriosclerosis	1929

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward Livingood, M. D.

(Address) 1613 E. North Ave.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

E 87613

M. D. B. 1268-9

E 87613 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87613

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Watts

(a) Residence: No. 726 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Douglass

6. DATE OF BIRTH (month, day, year) 3/14/92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2/16/33 19

19. UNDERTAKER Robert Williams

(Address) 1615 Pennsylvania Ave

20. FILED FEB 14 1933 Huntington Wm. Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932 to Feb 12, 1933

I last saw her alive on Feb 12, 1933 Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Mitral Stenosis + Insufficiency	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify .....

(Signed) Carmichael Leighton M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87614 — CERTIFICATE OF DEATH — E 87614

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Dukeland St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Brower

(a) Residence: No. 1005 Dukeland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Brown (nee Dean)

6. DATE OF BIRTH (month, day, year) Oct. 3, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown. (State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Sallie Brown (Address) 1005 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ..., 19

19. UNDERTAKER Howard Rusk (Address)

20. FILED FEB 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to Feb 13 1933

I last saw him alive on Feb 12, 1933 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Glands involving Sigmoid & Rectum,	May 1931
Other contributory causes of importance:	
Ascites	May
Name of operation Prostatectomy	Date of 1931
What test confirmed diagnosis?	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Marbles Shoob, M. D.

(Address) 5064 Gladstone ave

E 87615

M. D. B. 1268-9

87615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N Edew St. 10-a Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Venerable

(a) Residence: No. 1118 N Edew St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced (or) WIFE of Henderson Venerable

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlotte Co Va.

FATHER

13. NAME John Gelmore

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME (unknown) Amy - ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eliza Harvey (daughter)

(Address) 1118 N Edew St

18. BURIAL, CREMATION, OR REMOVAL

Place Charlotte Co. Va Date 2-15 19 33

19. UNDERTAKER Bryant Mamie H. Knight

(Address) 1218 Metzerott St

20. FILED 2-14 19 33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1932 to Feb 12 1933

I last saw h.. alive on Feb 12 1933 Death is said to have occurred on the date stated above, at 12 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	Dec 1932
Other contributory causes of importance: General Carcinomatosis	
Urinary Calculi →	1930

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87616 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87616

164-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3909 Dorchester Rd (15-01 St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Enright

(a) Residence: No. 3909 Dorchester St. Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): Feb 11-187[illegible]

7. AGE: Years 57 | Months — | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): Feb 1933

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Allentown Pa

FATHER

13. NAME: John Gilbert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Norkus

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: John J. Enright

(Address) 3909 Dorchester

18. BURIAL, CREMATION, OR REMOVAL: Forest Lawn

Place Norfolk Va Date Feb 14 1933

19. UNDERTAKER: Fritz Funeral Home

(Address) 2224 Eutaw St

FILED FEB 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Chronic Myocarditis	
Cardiac Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Link Coroner M. D.

(Address) Coroner

Cor.—10-19-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87617

CERTIFICATE OF DEATH

✓ 92-001 E 87617

1-PLACE OF DEATH

City of Baltimore: (No. 1318 Weldon Ave St. 43-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Wilhelm

(a) RESIDENCE NO. 1318 Weldon Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Jun 27 1884

7 AGE Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
48 +9		16.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Pa.
(State or country)

PARENTS

10 NAME OF FATHER: Jacob M. Wilhelm

11 BIRTHPLACE OF FATHER (city or town): Pa
(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth J. Kandy

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Mrs. Ernie Kaufman
(Address): 1318 Weldon Ave

15 Filed 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/10, 1933 (Address) 363 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Feb 15 1933

20 UNDERTAKER: Brownell & Son

ADDRESS: 3115 Clanton

important. See instructions on back of certificate.

Cor. 10-10-32—A Co.—100 Bks.

87618

E 87618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3600 Tusk St. St. 13-01 Ward)

2-FULL NAME Rosa L. Hare.

(a) RESIDENCE NO. 3600 Tusk St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Hare.

6 DATE OF BIRTH (month, day, and year) April 15, 1876.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
56	9	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER John L. Culp.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Rohrbach

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Wm. H. Hare
(Address) 3600 Tusk St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

2/17, 1933 (Address) 3622 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	Feb 16 1933
20 UNDERTAKER Chamberlain & Son	ADDRESS 3615 Elmwood Ave

important. See instructions on back of certificate.

FEB 14 1933

M. D. B. 12884

E 87619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 87619

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 E Fort Ave St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 11 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Millenburg

(a) Residence: No. 428 E. Fort Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	18?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Millenburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John E Sidney

(Address) 428 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Pk Date Feb. 16 19 33

19. UNDERTAKER A. Howard Evans

(Address) 25 E Fort Ave

20. FILED 19 Registrar.

FEB 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Feb 13 1933

I last saw h. alive on Feb 13 1933. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with Hypertension	Dec 23 '32
Other contributory causes of importance:	
Chronic Nephritis	Dec 23 1902

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney E. Stull M. D.

(Address) 1500 E. Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87620 HEALTH DEPARTMENT—CITY OF BALTIMORE

95 E 87620

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 526 East Clement 24th Street Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Hart

(a) Residence: No. 526 East Clement Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W Lite	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Hart

6. DATE OF BIRTH (month, day, year): April. 6. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Casper Dullack.

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Windfeuler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo Hart
(Address): 526 E. Clement.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross AA Date: 2/16/33 19

19. UNDERTAKER: E & B. Holle
(Address): 165 E. 29th St

FEB 14 1933 19 Clinton Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from February 7. 1933 to February 13. 1933

I last saw her alive on February 12 1933 Death is said to have occurred on the date stated above, at 520A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	Not Known
Cardiac Hypertelevsion	not known
Acute Cardiac	1 hour
Dilatation	

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis: Clinical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J Edward Norris M. D.
(Address) 107 East west st.

M. D. B. 1268-9

87621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87621

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 686 Pierce St., 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Gray

(a) Residence: No. 686 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. J. Med College Date Feb 14 19 33

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED FEB 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Feller M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

E 87622 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87622

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Brown

(a) Residence: No. 118 S High St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mod Cem Date Feb 19 , 19

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... , 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 , 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h — alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....
Where did injury occur? Residence Detroit
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Private Home
Manner of injury Slipped fell on floor
Nature of injury Dilat of Heart

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

M. D. B. 1265-6

87623

HEALTH DEPARTMENT—CITY OF BALTIMORE 87623

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown (Not Known) Robert Carr

(a) Residence: No. Usual place of abode 1423 E Fairmount Ave St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL 2/24/33

Place ..... Date 19

19. UNDERTAKER Eau Bryan, 1537 Pulaski
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 , 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 . Death is said to have occurred on the date stated above, at 10,15 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1305 N Fulton

M. D. B. 1268-9

87624 E 87624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Eastern ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Honan

(a) Residence: No. 2511 Eastern ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bridget Honan

6. DATE OF BIRTH (month, day, year): Feb. 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Wm. Honan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Lyons

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary Honan

(Address): 2511 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Feb. 15, 1933

19. UNDERTAKER: John A. Hogan

(Address): 3000 E. Baltimore St.

20. FILED: FEB 14 1933 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932 to Feb. 11, 1933

I last saw him alive on Feb. 11, 1933 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation: no Date of: —

What test confirmed diagnosis? P.S.P. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. J. Cooper M. D.

(Address) 2017 E. Baltimore

M. D. B. 1268-9

87625 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87625

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Penrose Ave. Ward) (If death occucced in a hospital oc institution, give its NAME instead of street and numbec.)

Length of residence in city oc town where death occucced 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Lauber

(a) Residence: No. 2201 Penrose Ave St., Ward. (If non-resident give city oc town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Colоc oc Race: white | 5. Single, Maccied, Widowed, oc Divocced (write the wocd): Widow

6a. If married, widowed, oc divorced — HUSBAND of (oc) WIFE of: the late Wm. F. Lauber

6. DATE OF BIRTH (month, day, yeac): Aug 22 1873

7. AGE Yeacs	Months	Days	If LESS than 1 day, hrs. oc min.
59.	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyec, bookkeepec, etc.: house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last wocked at this occupation (month and year)

11. Total time (yeacs) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Louis J. Knight

14. BIRTHPLACE (city oc town) (State or country): Washington D.C.

MOTHER

15. MAIDEN NAME: Emma Monty

16. BIRTHPLACE (city oc town) (State oc country): D.C.

17. INFORMANT: Mrs Anna L. Mack

(Address) 2201 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 16 1933

19. UNDERTAKER: John E. Lowe & Co

(Address) 901 Pulton St.

20. FILED Feb 14 1933 Augustus Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, yeac) 2/13/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to Feb 13 1933

I last saw h alive on Feb 13 1933 Death is said to have occurred on the date stated above, at 10:50 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 11/1/32
Diabetic Mellitus
Hypertension

Other contributocy causes of importance Oedema Pulmonary Acute Uraemic Coma

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to extecnal causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city oc town, county, and State)

Specify whethec injury occucred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James F. Fitzpatrick M. D.

(Address) 771 Mulberry St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87626

E 87626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 918 So. Paca St. (Ward) 21-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Draper.

(a) Residence: No. 918 So. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed or divorced HUSBAND of (or) WIFE of the late Chester Draper.

6. DATE OF BIRTH (month, day, year) March 19th 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME William Hickey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Ella P. Lomellen

(Address) 918 So. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/15/ 1933

19. UNDERTAKER John F. Cowan & Co.

(Address) 901 Fallsway

20. FILED 2/14/1933 Victor H. Neuse, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Feb 12 1933

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance Senile chronic	Unk
Malnutrition	

Name of operation none Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Harry Weinch M. D.

(Address) 7 E. Lexington St

M. D. B. 1268-9

7627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87627

CERTIFICATE OF DEATH

108

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nat Womack

(a) Residence: No. 1009 Shields Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur Barksdale

(Address) 1018 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/14 ~ 1933

19. UNDERTAKER Daniel Foxton

(Address)

20. FILED FEB 14 1933 Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/7/33
Other contributory causes of importance:	
Pulmonary Edema	2/13/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller Coroner, M. D.

(Address) 2727 Eastern Ave

87628

E 87628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 908 Madison ave St. Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Brown Wilkins

(a) Residence: No. 908 Madison ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, WIFE of (or) HUSBAND of: Ollie Wilkins

6. DATE OF BIRTH (month, day, year): 1916

7. AGE: Years 17 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER
13. NAME: Moses Brown
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Maggie Roney
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Maggie Brown
(Address) 908 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date 2-16-33

19. UNDERTAKER: Arnold Ebaugh
(Address) 916 Pa ave

20. FILED: 2-14-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933 to Feb 12, 1933
I last saw her alive on Feb. 12, 1933 Death is said to have occurred on the date stated above, at 1030 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Lab. X ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mace Williams M. D.
(Address) 1130 Madison Ave.

M. D. B. 1268-9

87629 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13E 87629

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette and Calhoun Sts. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Virginia Crawford

(a) Residence: No. 5804 Arabia Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Crawford

6. DATE OF BIRTH (month, day, year) June 22 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	25 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amanda Stone

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas G. Crawford

(Address) 5702 Whitefield Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem. Date 2-16 1933

19. UNDERTAKER Leonard F. Peck

(Address) 2305 Harford Rd

20. FILED 14 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1933 to Feb. 13 1933

I last saw her alive on Feb. 13 1933 Death is said to have occurred on the date stated above, at 7 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	?

Other contributory causes of importance:

Chronic interstitial Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Mrs. B. Schreiber M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-0

87630 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131 E 87630

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 S Mannasota Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Smith

(a) Residence: No. 442 S Mannasota Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Philomena Smith

6. DATE OF BIRTH (month, day, year) April 10 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Custer Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Philomena Smith
(Address) 442 S Mannasota Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem Date Feb 15 1933

19. UNDERTAKER Leonard J Roach
(Address) 5305 Harford Rd.

[illegible] Registrar.

4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1932 to Feb. 11, 1933

I last saw him alive on Feb. 11, 1933 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright	8/10/32

Other contributory causes of importance:

Convulsions

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [signature] M. D.

(Address) Bge 3 Southern

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87631

CERTIFICATE OF DEATH

E 87631

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Gittous Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Regina Sweetzer

(a) Residence: No. 2905 Gittous Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Sweetzer

6. DATE OF BIRTH (month, day, year) March 17 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME James Clifford

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Linton

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Leonard Clifford Sweetzer (Address) 2905 Gittous Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Co Date 2/17 1933

19. UNDERTAKER Leonard Clifford Sweetzer (Address) 2905 Gittous Ave

Huntington Williams Mort

20. [illegible] 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to Feb 14 1933

I last saw h[illegible] alive on Feb 14 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	4/1/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wilbur J. Ryan M. D.

(Address) 801 N Kenwood Ave

M. D. B. 1268-9

87632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 87632

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Calvert Ave) St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary J. Heim

(a) Residence: No. 63 S. Calvert St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Heim

6. DATE OF BIRTH (month, day, year) Feb 6 1878

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Anton Schoka

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Veronica Baum

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs August Heim
(Address) 63 S. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/15 1933

19. UNDERTAKER Joseph Fuller
(Address) Fulton & Lafayette Ave.

20. [illegible] Huntington Pitts[illegible] N.Y.

FEB 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1933 to February 12, 1933

I last saw her alive on Feb. 12, 1933 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia (Left)	2/11/
Other contributory causes of importance:	
Papilloma of bladder	2/32
Secondary Anemia	2/11/33

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos. A. Gonder M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87633

CERTIFICATE OF DEATH.

93-983 ✓ E 87633

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 Normandy Ave St. 20-41 Ward)

2-FULL NAME Edward Leo Riddell

(a) RESIDENCE NO. 516 Normandy Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 17 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Riddell

6 DATE OF BIRTH (month, day, and year) Sept 26. 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46	4	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Circuit Court.

(c) Name of employer State of Md

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER William Riddell

11 BIRTHPLACE OF FATHER (city or town) Wash. D. C.

(State or country)

12 MAIDEN NAME OF MOTHER Celia Fredericks

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Elizabeth M. Riddell

(Address) 516 Normandy Ave

15 Filed Feb 14 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb 12th 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1932, to Feb 12th, 1933, that I last saw him alive on Feb 12th, 1933, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Upon clinical

(Signed) H. R. Lucas, M. D.

2/13, 1933 (Address) 3401 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial Feb 15 1933

20 UNDERTAKER Wm. Wm. John W. Teufel & Son ADDRESS 801 W. Fayette

very important. See instructions on back of certificates.

M. D. B. 1268-4

87634

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 87634

267394

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 5-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Worley

(a) Residence: No. 1426 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) 3-7-31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11 23		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Worley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Casey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place U S Med College Dat Feb 14 1933

19. UNDERTAKER

(Address)

FEB 14 1933

Huntington Williams M.D. Registrar.

0162 & 0178

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932 to Feb 7, 1933

I last saw h. alive on Feb 7, 1933 Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cervical Adenitis	10 days
Septicemia	7 days
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Tracheotomy Date of 2-2-33

What test confirmed diagnosis? Host culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allan Ross M. D.

(Address) J. H. H.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

87635 E 87635

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 107-001

CITY OF BALTIMORE: (No. ..... 1st of ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl West

(a) Residence: No. 2223 (2223) Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	15		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Dorsey

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mildred

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Feb. 14, 1933
Permission Received.
per W. S. Purnell

19. UNDERTAKER .....
(Address) .....

141933 Huntington Williams, M.D. Registrar.

0161

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 1, 1933

I last saw h.. alive on Feb 1, 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 30
Other contributory causes of importance:	
malnutrition	9/2/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

AdCo. 5-31 250B

87636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87636

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 E 20th St 12-01 Ward)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Roberts

(a) Residence: No. 433 E. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 12 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel G. Roberts
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Tida P. Hebron
(Address) 433 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL Shrewsbury Mt Fe Co Date Feb 16 1933

19. UNDERTAKER Wm G. Black
(Address) 217 N Broadway

20. FILED ... 1933 ... Registrar.

F4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1933 to Feb. 14, 1933

I last saw her alive on Feb. 14 1933 death is said to have occurred on the date stated above, at 1:19 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb. 10/33
I	
II	
III	
IV	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry B. Theis M. D.

(Address) 2504 St Paul St

AdCo. 5-31 2500

87637 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 E 87637

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 320 N Westwood ave St. 15-01 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta E. Euler

(a) Residence: No. 320 N Westwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin L. Euler

6. DATE OF BIRTH (month, day, year) Oct 1 18 V-1

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman H. Rabenhorst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria E. Muckenhaupt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth E. Euler
(Address) 320 N. Westwood ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Feb 14 1933

19. UNDERTAKER Chas. H. Black
(Address) 714 W. Saratoga St

Huntington Williams, N.T.
Registrar.

141933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1929 to Feb 12 1933

I last saw her alive on Feb 12 1933 death is said to have occurred on the date stated above, at 10 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic arthritis	1924
myocardial insufficiency	1928
Uremic nephritis	1929

(Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Roger Howard M. D.

(Address) 3030 Edmondson Ave

M. D. B. 1268-B

87638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 87638

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-01 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 1 mos. ? ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Emma Louisa Wells

(a) Residence: No. Charles apts. 3333 N. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Wells

6. DATE OF BIRTH (month, day, year) January 13th, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Nash

14. BIRTHPLACE (city or town) (State or country) Tropfe, Md.

MOTHER

15. MAIDEN NAME Nancy Shelton

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mrs. Howard Glass

(Address) 724 North Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb. 16, 1933

19. UNDERTAKER Wm. C. Black

(Address) 427 N. Broadway

20. FILED [illegible] Feb 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1933 to Feb. 13, 1933

I last saw her alive on Feb 13, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cardio-vascular renal disease	4 years
b Terminal cerebral edema & uremia	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Spence, Jr. M. D.

(Address) UMH

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87639 E 87639

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Clarmont Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME John T Smith

(a) Residence: No. 3712 Clarmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Smith

6. DATE OF BIRTH (month, day, year) Nov. 14, 1847.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Louisa (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Katherine Smith
(Address) 3712 Clarmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Feb. 15, 1933

19. UNDERTAKER
(Address) 1730 [illegible]

20. FILED FEB 14 1933 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933 to Feb 13, 1933

I last saw [illegible] alive on Feb 13, 1933. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Feb 12
Acute Dilatation, Heart	

Other contributory causes of importance:

Chronic Nephritis

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hugh L. Riddle M. D.

(Address) 3323 Eastern

M. D. B. 1268-9

John Papamekas. 1v

HEALTH DEPARTMENT—CITY OF BALTIMORE

87640

CERTIFICATE OF DEATH

108

E 87640

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Mykas (or Mike) or Papamekas

(a) Residence: No. 409 S. Lehigh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? Oct 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
(?) 40 41		?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ST

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 2/14/33 19

19. UNDERTAKER Geo. J. Roth Co

(Address) 1325 Baltimore Ave

20. FILED 2 14 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1933 to 2-11 1933

I last saw h... alive on 2-11- 1933 Death is said to have occurred on the date stated above, at 11 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonitis	?
Lobar Pneumonia	?

Other contributory causes of importance:

Respiratory Insufficiency	?

Name of operation No Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Howard Ldaker M. D.

(Address) Balto City Hospitals

M. D. B. 1269-9

87641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87641

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Woodsdale Ave. St. Hamilton Ward) 27-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 73 yrs. — mos. — ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Edward Paul Duffy

(a) Residence: No. 2715 Woodsdale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Cadman

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 73	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore Sun

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Hugh Duffy

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

MOTHER

15. MAIDEN NAME: Elizabeth McAnelty

16. BIRTHPLACE (city or town) (State or country): ------- Nova Scotia

17. INFORMANT: Mrs. Bessie D. Messier

(Address) 2715 Woodsdale Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem. Date 2/15 1933

19. UNDERTAKER Henry H. Meyers and Son

(Address) 605 N. Calvert St.

FEB 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1926, to Feb 13th, 1933

I last saw him alive on Feb 12th, 1933. Death is said to have occurred on the date stated above, at 8 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Endocarditis	1926
Other contributory causes of importance:	
General Arteriosclerosis	1920

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) E. E. Grady M. D.

(Address) Harford Rd & Lauraland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87642

E 87642

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Garrison Blvd St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm E Brown

(a) Residence: No. 3601 Garrison Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7-1855

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bernard Moses Son
(Address) 3601 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb 16 1933

19. UNDERTAKER Funeral Director
(Address) Huntington Williams N.E.
Registrar.

FILED Feb 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Luck M. D.
Coroner

(Address) C.H. Baltimore

M. D. B. 1268-0

1227001

HEALTH DEPARTMENT—CITY OF BALTIMORE 87643

87643

CERTIFICATE OF DEATH Hospital

Registered No.....

1. PLACE OF DEATH Baltimore City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 24-01

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada L. Garrett

(a) Residence: No. ..... St., ... Ward. ..... (If non-resident give city or town and State)

Norfolk Va.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. J. Garrett Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 64 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Lorraine Date: Feb 16th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

Huntington Williams, M.D. Registrar.

FILED 2 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to Feb 14, 1933

I last saw h[illegible] alive on Feb 13, 1933 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia Femoral	2/10/33
Other contributory causes of importance: Hemiplegia - Right	11/24/32
Hypertension	?

Name of operation: None Date of:

What test confirmed dingnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in all the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Schaefer M. D.

(Address) Bels City Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87644

CERTIFICATE OF DEATH

24 E 87644

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., E (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Towers

(a) Residence: No. 1519 Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) Dec 12 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17 16	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Emory Towers

14. BIRTHPLACE (city or town) Queen Anne Co
(State or country) Md

MOTHER

15. MAIDEN NAME Frances Lewis

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mrs W.m Towers
(Address) 1519 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 16th 1933

19. UNDERTAKER Fry Cook
(Address) 317 St. Paul St

20. Huntington Williams, M.D.
Registrar.

FEB 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 - 1, 1933 to 2 - 13, 1933

I last saw h.Am alive on 2 - 13, 1933 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
IBC meningitis	3wks?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) W. Hartley Young, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87645

CERTIFICATE OF DEATH

108 E 87645

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Princess Ann Apt 12-A St. ... Ward)

Length of residence in city or town where death occurred 4/12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Ellender

(a) Residence: No. 2905 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna V. Ellender

6. DATE OF BIRTH (month, day, year) Jan 29th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carnegie Steel Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Ellender

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edna V. Ellender

(Address) 2905 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 15th 1933

19. UNDERTAKER Wm Doos

(Address) 1217 St Paul St

20. FILED ... Huntington Williams M.D. Registrar.

FEB 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1933 to Feb 14 1933

I last saw h. alive on Feb 13 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 7 33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87646

CERTIFICATE OF DEATH.

131 E 87646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Greenmount Ave ST., 01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr David Francis Seltzer

(a) RESIDENCE NO. 3911 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Emma Virginia Seltzer

6 DATE OF BIRTH (month, day, and year) Dec 30, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	14/13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER Adam Seltzer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margt Morris

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Wife
(Address)

15 FEB 4 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1933

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Feb 13, 1933, that I last saw h[illegible] alive on Feb 13, 1933, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Arthur C Monninger M.D.

2/13, 1933 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Feb 16 1933

20 UNDERTAKER Wm Cook 1217 — ADDRESS St Paul

AaCo. 5-31 2500

E 87647

E 87647 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Riverside Ave, ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Sturgeon

(a) Residence: No. 1415 Riverside Ave, ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. J. A. Sturgeon

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William McCurley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. J. Sturgeon
(Address) 1415 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date Dec 16, 1933

19. UNDERTAKER The Co-operative Funeral Assn
(Address) 1300 Eutaw Place

DEC 15 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 13, 1933

I last saw h... alive on Dec 13, 1933 death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Lobar Pneumonia	1933

Other contributory causes of importance:

Arteriosclerosis	
Myocarditis	Autopsy

Name of operation — Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Natnre of lujury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 1319 Eutaw Pl

M. D. B. 1268-9

F 87648

87648 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Elsinor Ave St., 15th Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse William Dixon

(a) Residence: No. 2206 Elsinor Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Annette Dixon

6. DATE OF BIRTH (month, day, year) Feb. 9, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	82	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eaton & Burnett's

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Urbana Md.

FATHER

13. NAME Thomas Dixon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lula A. Pine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Edna Leola Dixon
(Address) 2206 Elsinor Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 15 19 33

19. UNDERTAKER Oh Peckrul & Sons
(Address) North & Paca Sts.

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1933 to Feb 13 1933

last saw ~~him~~ alive on Feb 13 1933 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	Jan 28 33
Coronary Sclerosis.	
with Myocardial	
insufficiency.	

Other contributory causes of importance:

Coronary Arteriosclerosis.
Chronic Endocarditis.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wallace Call M. D.

(Address) 2207 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87649 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87649

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-21 Ward)

Length of residence in city or town where death occurred. ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Lawrence Bernard Christy

(a) Residence: No. 917 Gorsuch Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17/29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Raymond A. Christy

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Agnes A. Deppi

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Agnes A. Deppi Christy
(Address) 917 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 2/15/33

19. UNDERTAKER Emil C. Hamel
(Address) Catonsville Md.

20. FILED 2/13/1933, 19.., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13/33, 19..

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3- Lobar Pneumonia	5 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Lam, Coroner, M. D.

(Address) 504 E Fayette

M. D. B. 2268-0

E 87650

E 87650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Elderon Ave. St. 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Klinefelter

(a) Residence: No. 4207 Elderon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lulu Milliman

6. DATE OF BIRTH (month, day, year) Nov. 27, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Van V. Klinefelter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Hooper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. William E. Klinefelter
(Address) 4403 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 16, 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 15 1933 Huntington Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Feby 13, 1933

I last saw h alive on Feby 10, 1933 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1925
Chronic Interstitial Nephritis	1925
Chronic Myocarditis	1930
Other contributory causes of importance:	
Coronary Thrombosis	one day

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert F. Thelmann M. D.

(Address) 6 East Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87651

CERTIFICATE OF DEATH

v 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E. 32nd St. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry Magruder Thompson

(a) Residence: No. 204 E. 32nd St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lily Mahbol

6. DATE OF BIRTH (month, day, year) Sept. 19, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Willis Thompson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Pinkney Ayres

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lillian T. Lovell
(Address) 204 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Feb. 15, 1933

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to Feb. 13, 1933

I last saw him alive on Feb. 13, 1933 Death is said to have occurred on the date stated above, at 4:0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio nephropathy	1930

Other contributory causes of importance:

Uremia	6 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos. McGuire M. D.

(Address) 1436 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1068-9

Hilton

87652

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87652

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Balto, Md St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Hilton

(a) Residence: No. 1809 Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth T Hilton

6. DATE OF BIRTH (month, day, year) Feb 3 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Westminister Md

FATHER

13. NAME Henry Wampler

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Virginia

16. BIRTHPLACE (city or town) (State or country) Westminister Md

17. INFORMANT Miss Katie Hilton

(Address) 1809 E Chase st

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Feb 17 1933

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED FEB 15 1933 Hinton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8- 1933 to February 14 1933

I last saw her alive on Feb. 14 1933 Death is said to have occurred on the date stated above, at 6:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Feb 8-

Other contributory causes of importance:

Myocardial Degeneration

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel E. Bogerad M. D.

(Address) Sinai Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-2

87653

HEALTH DEPARTMENT—CITY OF BALTIMORE

(2)

E 87653

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1433 Hull St. St. 24-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Boudreau.

(a) Residence: No. 1433 Hull St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	wh. F.	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angus Boudreau.

6. DATE OF BIRTH (month, day, year) April 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) East Marguerite Canada.

FATHER

13. NAME not known.

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME not known.

16. BIRTHPLACE (city or town) (State or country) not known.

17. INFORMANT Angus Boudreau
(Address) 1433 Hull St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Feb 17 1933

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St

FILED 19 Registrar

FEB 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1933 to Feb 14 1933

I last saw her alive on Feb. 14 1933 Death is said to have occurred on the date stated above, at 2.45 m P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
right and left.	
Other contributory causes of importance:	
Senility.	

Name of operation none. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) James E Marston M. D.

(Address) 516 Cathedral St.

1-B—M—50B—50L

E 87654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157 - 03 E 87654

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Lemon St. ST., 19-01 WARD)

2-FULL NAME Ethel I. Jenkins.

(a) RESIDENCE NO 1727 Lemon St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day and year) January 11, 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Algenon Jenkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Evelyn Groves.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Evelyn Jenkins. (mother)
(Address) 1727 Lemon St.

15 Filed ..... 192 ..... Registrar

FEB 15 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia.
Mitral Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinrad, M. D. Coroner

2/14/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cemetery, Ellicott City

DATE OF BURIAL Feb 16, 33

20 UNDERTAKER Leigh B. Cook

ADDRESS 1003 West Baltimore St.

IMPORTANT See instructions on back of certificate.

M. D. B. 1268-9

E 87655

87655 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Fulton Ave. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Adele Ebberts

(a) Residence: No. 123 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M. Ebberts

6. DATE OF BIRTH (month, day, year): September 3, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Thomas F. Conley

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Florence Turner

16. BIRTHPLACE (city or town) (State or country): Calvert County Maryland

17. INFORMANT: Mr. Charles M. Ebberts

(Address): 123 N. Fulton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb 16 1933

19. UNDERTAKER: Isaac H. Rook

(Address): 1003 W. Baltimore St.

20. FILED FEB 13 1933 Hattie Pinkett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1 1933 to Feby 13 1933

I last saw her alive on Feby 13 1933. Death is said to have occurred on the date stated above, at 10.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis myocarditis	ten years 1/1/33
Other contributory causes of importance:	
Cerebral Hemorrhage (Apoplexy)	1920

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Fulton Ave.

M. D. B. 1268-9

E 87656 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87656

CERTIFICATE OF DEATH

Registered No. 149-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie Spencer

(a) Residence. No. 1419 E. St. Matthew St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	married

6a. If married, widowed, or divorced (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) Oct. 12/1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Obie Foster

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Diana Sinales

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-15 1933

19. UNDERTAKER Jas. L. Skinner

(Address) 1125 E. Madison

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1933 to 2-8-1933

I last saw her alive on 2-6-1933. Death is said to have occurred on the date stated above, at 12 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Pneumococcus III	1-17-33

Other contributory causes of importance:

Normal Delivery 1-	1-16-33

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

87657 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87657

CERTIFICATE OF DEATH

X V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-61 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Matta Kapiloff

(a) Residence: No. 459 Irving St. (Wash. D.C.) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wolf Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Sachs

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Kopeloff (Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Va Date Feb 15 1933

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E. Balto St.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to Feb 15, 1933

I last saw her alive on Feb 15, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Spinal Cord.	3-1-1932
Pyelo & Nephritis	11-1-1932
Other contributory causes of importance:	
Cystitis	11-1-1932
Bronchopneumonia	2-9-1933

Name of operation Suprapubic Cystotomy Date of 1-1-31

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Levin M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

87658

HEALTH DEPARTMENT—CITY OF BALTIMORE 87658

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Klotzkin

(a) Residence: No. 413 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard Klotzkin

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Norman Louis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sadie Coolidge
(Address) 413 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Int Carroll Rd Date Feb 15 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED FEB 13 1933 ... 19 ... A. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows: Duration 2/13/33

Cerebral Hemorrhage-Apoplexy

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. B. 1268-9

87659

E 87659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Wright

(a) Residence: No. 3230 Boundary, St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 5-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alexandria Co Va

FATHER

13. NAME William Wright

14. BIRTHPLACE (city or town) (State or country) Culpeper Co Va

MOTHER

15. MAIDEN NAME Mourant Wright

16. BIRTHPLACE (city or town) (State or country) Culpeper Co Va

17. INFORMANT Hospital Records

(Address) 914 Edmonson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/15, 1933

19. UNDERTAKER Ebey & Wilson

(Address) 1111 Brandley ave

FILED FEB 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to Feb 12, 1933

I last saw him alive on Feb 12 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1930
Other contributory causes of importance: Arteriosclerosis	?
Bronchopneumonia	2/10/33

Name of operation Colostomy J. W. Hon Date of 1932

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Bruce Schaffner M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87660

Jefferson

E 87660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 79-001

1. PLACE OF DEATH Church Home & Infirmary 6-81 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-81 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Harry Jefferson

(a) Residence: No. Chesterton, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Jefferson

6. DATE OF BIRTH (month, day, year) Feb 10 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kent County

FATHER

13. NAME Thomas Jefferson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Hill

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Margaret Jefferson

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chestertown Date Feb. 17 1933

19. UNDERTAKER D. Elliott Clark

(Address) Chestertown

20. FILED Feb 16 1933 H. L. [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1932 to Feb 15, 1933

I last saw him alive on ....., 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Coma)	
Encephalitis	Aug 1932
Cerebral Abscess?	Aug 1932
Meningitis?	Jan 15 1933

Other contributory causes of importance:

Parkinsonism	Aug 1932
Myocarditis	Jan 15 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard O. Cummings M. D.

(Address) Church Home and Infirmary

M. D. B. 1268-9

87661

P 87661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Unity St. 18-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Colston

(a) Residence: No. 108 N. Unity St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 10

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Colston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. Colston (Nephew)
(Address) 105 W. West St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 16, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED FEB 15 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Acute Edema of Lungs	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

E 87662

M. D. B. 1268-6

E 87662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St., P-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 25? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lewis

(a) Residence: No. 507 N. Schroeder St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Lewis 1885

6. DATE OF BIRTH (month, day, year) 4/26/1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	-4	-14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Richmond, Va

MOTHER

15. MAIDEN NAME Fannie Harrison

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 15, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED FEB 15 1933 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1933 to 2-10 1933

I last saw him alive on 2-10 1933 Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic with aortic insufficiency	?

Other contributory causes of importance:

Acute Myocarditis insufficiency 1-10-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-10-33 (Signed) Clues Hospitals M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 87663 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87663

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (To.) Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Joseph McGlotha

(a) Residence: No. 1216 Parrish st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Snowden McGlotha

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Millie Kidd

16. BIRTHPLACE (city or town) (State or country) Georgia (?)

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER .....

(Address) .....

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 20 1933 to February 12 1933

I last saw him alive on February 12 1933 Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	June 1932
Tuberculous Laryngitis.	Nov 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoens, M. D.

(Address) Baltimore City Hospitals

M. D. No. 87664

E 87664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City St. [illegible] Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriet Richardson

(a) Residence: No. 1712 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years: 74 | Months: ? | Days: ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 087

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ?

FATHER

13. NAME: Wesley Richardson

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: ? deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Feb 15 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to Feb 12 1933

I last saw h... alive on Feb 12 1933 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	?
Coronary Heart Disease	?
Other contributory causes of importance: Senile Psychosis	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Dowling M. D.

(Address) Balto City Md

M. D. B. 1268-9

87665 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87665

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 John St. 14-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Reese Bond

(a) Residence: No. 1411 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co Md
(State or country)

FATHER

13. NAME Winchester R Bond

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Eliza Turnbull

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs Jane Blanchamp
(Address) 1411 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Feb 17th 1933

19. UNDERTAKER Bertram Rose
(Address) 2324 E Eutaw St.

20. FILED ..... 19..... Registrar.

FEB 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 26 1933 to Feby 15 1933

I last saw him alive on Feby 15 1933 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis (Interstitial)	
Other contributory causes of importance:	
Senile Debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Walter W. Wylie-Jr M. D.

(Address) 2800 St Paul St

M. D. B. 1268-B

7666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87666

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Eason

(a) Residence: No. 500 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Eason

6. DATE OF BIRTH (month, day, year) Dec 16 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clock Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Londonderry Ire.

FATHER

13. NAME Wm Eason

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ethel ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT

(Address)

18. BURIAL, CREMATION, or REMOVAL 2/16/33.

Place Loudon Park Cem. Date Feb 15 1933

19. UNDERTAKER Wm Cook 1217 N. Paca St

(Address)

20. FILED 19 Registrar.

FEB 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 1931 to Feb 11 1933

I last saw him alive on Feb 11 1933 Death is said to have occurred on the date stated above, at 1 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Arteriosclerosis	
Other contributory causes of importance:	
Bronchopneumonia	Feb 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. Hazell M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87667

CERTIFICATE OF DEATH

E 87667

1. PLACE OF DEATH Baltimore City Hospitals 93-003 Registered No.

CITY OF BALTIMORE: (No. Balto. Md 7-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo J. Duffy

(a) Residence: No. 1824 E Oxford St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Mar. 7 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Joseph Duffy

14. BIRTHPLACE (city or town) (State or country) Cincinnati, Ohio

15. MAIDEN NAME Anna Selig

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 17 1933

19. UNDERTAKER Lilly & Feiler Inc.

(Address) 403 N. Wolfe St.

20. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1933 to 2-13 1933

I last saw him alive on 2-13 1933 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
	"

Other contributory causes of importance:

Obesity (500 lbs)

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-14-33 (Signed) Elmer Heidberger Jr. M. D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87668

CERTIFICATE OF DEATH

94 E 87668

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 Entaw Place 13-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Meyer Schloss

(a) Residence: No. 2446 Entaw Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertie Schloss

6. DATE OF BIRTH (month, day, year) Apr. 15, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted] Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Mnfgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Moses Schloss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Yetta Heidelberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Irving Schloss

(Address) 2446 Entaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Meb. Cem. Date Feb. 16, 1933

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Entaw Place

Filed ... 19... Registrar.

15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ? 19.. to Feb. 14 1933

I last saw h... alive on Feb. 13 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11-5-32
Hypertensive Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Saul Wolwon M. D.

(Address) 2444 Entaw Place

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87669 E 87669

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Elsrode St. 27-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nanette High

(a) Residence: No. 4508 Elsrode Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P. High

6. DATE OF BIRTH (month, day, year) Nov 24th 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	3 2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Jacob Brezler

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Mary J. Brunsmore

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Leo J. Brezler

(Address) 4508 Elsrode Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosehill Hagerstown Md Date 2-16 1933

19. UNDERTAKER Frank V. Kikitone

(Address) 221 E. Baltimore St

FEB 15 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933 to Feb 15 1933

I last saw h alive on Feb 14 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leland Jones, M. D.

(Address) 4266 Harford Road

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87670

CERTIFICATE OF DEATH

107-801 E 87670

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Balto., Md St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margie V. Young

(a) Residence: No. 2611 Llewelyn Ave St., Ward. Pediatrics

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis F. Young

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Tawney

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Louis F. Young

(Address) 2611 Llewlyn, Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 16 1933

19. UNDERTAKER Ellis S. White

(Address) 2254 Madison Ave.

20. FILED Feb 16 1933 Thurston Williams M.D. Registrar.

151933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1933 to 2/14 1933

I last saw h[illegible] alive on 2:45 AM 1933. Death is said to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/4

Other contributory causes of importance:

Otitis media	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Sinai Hosp. M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87671

E 87671

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 E. Biddle St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 51 yrs. ... mos. ... ds.

2. FULL NAME James (Stanislaus) Barkowiak

(a) Residence: No. 921 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Barkowiak

6. DATE OF BIRTH (month, day, year) April 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	71	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Barkowiak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Barkowiak

(Address) 921 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb 17 1933

19. UNDERTAKER Myers Funeral Home INC

(Address) 1300 N. Kenwood Ave.

FEB 15 1933

(Signature) Thomas A. Fenton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. B. Kreeger M. D. Coroner

(Address) 1305 E. Biddle St.

M. D. B. 1268-9

107-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

87672

E 87672

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Leary

(a) Residence: No. 1002 Compton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Leary

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anastatia Doyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 1933

19. UNDERTAKER

(Address)

Registrar.

15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1931 to Feb 10 1933

I last saw h[illegible] alive on Feb 10 1933 Death is said to have occurred on the date stated above, at 8-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Senility	
Other contributory causes of importance:	
Bronchopneumonia	Feb 1933

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87673

CERTIFICATE OF DEATH

92-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2828 Guilford Ave St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. Life ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna C. Hendrickmark

(a) Residence: No. 2828 Guilford Ave St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Hendrickmark

6. DATE OF BIRTH (month, day, year): April 22 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Frank Hynansthe
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. William A. Dennis
(Address) 2828 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cem Date: Oct 6 1933

19. UNDERTAKER: George L. Lehnert
(Address) 2401 Frederick Ave

20. FILED: 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John H. Crouse M. D.
(Coroner)

(Address) 2632 Roland Ave

Spec.—1-12-23—M&T—500 Blks.

87674

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 87674

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1940 W. Franklin St. 20-01 WARD)

2-FULL NAME Walter Ellsworth Burnham

(a) RESIDENCE NO. 1940 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 17-1928

7 AGE: Years 4 Months 8 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: E. Stanley Burnham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Cecelia M. Barthorne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: E. Stanley Burnham

(Address): 1940 W. Franklin St.

15 Filed Feb 15 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/15 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb. 15, 1933,

that I last saw h[illegible] alive on Feb. 15, 1933,

and that death occurred, on the date stated above, at 3 40 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

19 (Address) 20 So Wilkens Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmen Cemetery

DATE OF BURIAL: Feb. 17 1933

20 UNDERTAKER: George L. Schwartz

ADDRESS: 201 Fulton Ave.

M. D. B. 1263-9

87675 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87675

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp. Sp. 26-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Rupp
(a) Residence: No. 3308 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Rupp

6. DATE OF BIRTH (month, day, year) Jan 7 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Frederick Stuck
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Edd Chalmers
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Feby. 17 1933

19. UNDERTAKER William O'Hutt,
(Address) 169 S. Monroe St.

20. FILED [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1933 to Feb 14 1933
I last saw h alive on Feb 14 1933 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Nephritis	1930?
	over
Other contributory causes of importance: Pericardial effusion	?

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Baltimore City Hosp. M. D.
(Address)

1571933

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87676

CERTIFICATE OF DEATH

23 E 87676

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No.) St. 76-04 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella J. Dunn

(a) Residence: No. Shore #17, Colgate Creek, St. Riverside Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Dunn

6. DATE OF BIRTH (month, day, year) 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32 31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Hey Camel

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Feb 16 19 33

19. UNDERTAKER Wm C. Hutchins & Sons

(Address) 1100 Eastern Ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 1933

22. I HEREBY CERTIFY, That I attended deceased from February 3 1933 to February 14 1933

I last saw her alive on February 14 1933 Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stoner M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

87677 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87677

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... St., ... Ward)

Length of residence in city or town where death occurred 74 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Teresa Sperzel (Theresa)

(a) Residence: No. 1916 Kennedy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-18-58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Aloysius Sperzel
14. BIRTHPLACE (city or town) ------- Germany
(State or country)

MOTHER

15. MAIDEN NAME Roseanna Marshall
16. BIRTHPLACE (city or town) ------- Pennsylvania
(State or country)

17. INFORMANT Miss Rose Sperzel
(Address) Hopkins Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 2/17 19 33

19. UNDERTAKER Henry U. Mears & Son
(Address) 3 E. Eager St.

20. FILED FEB 15 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1933 to Feb 14, 1933
I last saw h.. alive on Feb. 4, 1933 death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Post-Operative Shock	

Other contributory causes of importance:

Senility	
Chronic nephritis	
Arteriosclerosis	

Name of operation Appendectomy Date of 1/30/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alvin H. Crowther M. D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9

E 87678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87678

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 South Charles 2350 Street Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Strupp

(a) Residence: No. 918 South Charles St., Ward (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa R. Strupp

6. DATE OF BIRTH (month, day, year) May 30 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Strupp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Rendt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louisa R. Strupp (Wife)
(Address) 918 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place CEDAR HILL CEM. Date Feb 16 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

FILED FEB 16 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1933.

I HEREBY CERTIFY, That I attended deceased from December 24 1932 to February 13, 1933.

I last saw him alive on February 12, 1933. He is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertension	uncertain
Cerebral Hemorrhage	Feb 12, 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What (in) confirmed diagnosis: Clinical Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

1-30—M. & T.—100 B—50L

87679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87679

CERTIFICATE OF DEATH

115-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 05-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Gott.

(a) RESIDENCE NO 3702 S. Fourth St. Brooklyn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If ~~married, widowed, or divorced~~ (or) WIFE of Frank Gott.

6 DATE OF BIRTH (month, day, and year) August 18, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt. Carmel Ill.

PARENTS

10 NAME OF FATHER John Weisenberger.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Katherine North.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Helen Cullison. (daughter)

(Address) 3702 S. Fourth St. Brooklyn.

15 Filed ..... 192 ..... Registrar

2/16/1933 Mattie Gott

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Quinsy.

Gangrene of the tonsils.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? 3702 S. South St.

Did an operation precede death? Tracheotomy Yes. Date of February 8, 1933 Feb. 14, 1933

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

2/15/33 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Feb. 16 1933

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

TION is very important See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87680

CERTIFICATE OF DEATH

✓164 E 87680

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 S. Curley St. 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa M. Rudel.

(a) Residence: No. 137 S. Curley St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of John F. Rudel.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George A Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Wills

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F Rudel

(Address) 137 S Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 17 19 33

19. UNDERTAKER John Ulrich

(Address) 1201 Edmondson Ave

20. FILED Feb 17 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h— alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Accidentally	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Feb 14 1933

Where did injury occur? 137 S Curley (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Inhaling Illuminating Gas

Nature of Injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. H. Weaver M. D.
Coroner

(Address) 1201 Edmondson Ave

M. D. B. 1268-9

87681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87681

CERTIFICATE OF DEATH

V 157-003

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur C. Wagner

(a) Residence: No. 402 S. Dean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry W. Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Fannie E. Brehm

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Henry W. Wagner
(Address) 402 S. Dean St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lowell Date Feb 16, 33

19. UNDERTAKER John Ulrich
(Address) 1009 Baker St.

20. FILED FEB 16 1933 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	
Other contributory causes of importance: Mongolism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 508 E Fayette

M. D. B. 1268-0

Cicero 687682

87682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87682

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Anne Cicero

(a) Residence: No. 3005 Mayfield Ave st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 3, 1924

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
8	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Cicero

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Barbara Hoffnagle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank Cicero
(Address) 3005 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 17 1933

19. UNDERTAKER Frank V. Capstone
(Address) 2-8126 Belair Rd

20. FILED FEB 16 1933 Harrington Williams Co
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, to Feb 14, 1933

I last saw her alive on Feb 14, 1933. Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	10 days
Chronic endocarditis	8 years
Pericarditis with Effusion	2 weeks
Cardiac Insufficiency	3 weeks
Other contributory causes of importance: Chorea	12 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Samuel Evans M. D.

(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

7683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87683

CERTIFICATE OF DEATH

112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 William St. St. 24-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Wolf

(a) Residence: No. 1423 William St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Henry Wolf

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Katherine Lenz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Howard Miller
(Address) 1423 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Feb. 16, 1933

19. UNDERTAKER J. Fenw. McCully
(Address) 130 E. Fort Ave

FILED FEB 15 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 1913 19..... to Feb. 13. 33. 19.....

I last saw her alive on Feb. 13. 1933. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	25 yrs. ago

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

Spec.—9-30—A. & Co.—250 Bks.

Brazil Norton

E 87684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87684

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Home for Incurables ST 13-01 WARD)

2-FULL NAME Brazil Norton

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid'l

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 30, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
~~80~~	80	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

069

9 BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

PARENTS

10 NAME OF FATHER William H. Norton

11 BIRTHPLACE OF FATHER (city or town) Middlesex Co
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza Jane Montgomery

13 BIRTHPLACE OF MOTHER (city or town) Middlesex Co.
(State or country) Virginia

14 Informant Hospital Records
(Address) Home for Incurables

15 Filed ..... 19 ..... Registrar

B 16 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb., 1930, to Feb. 15, 1933

that I last saw her alive on Feb. 15, 1933

and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis.
Angina Pectoris.

(duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. Bruford Hopkins M. D.

2/16, 1933 (Address) 214 Med. Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fredericksburg, Va	Feb 16 1933
20 UNDERTAKER	ADDRESS
J. J. Tucker & Sons	Fredericksburg Va

M. D. B. 1268-9

E 87685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87685

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Coates

(a) Residence: No. Pikesville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (same)

6. DATE OF BIRTH (month, day, year) Dec. 23, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joe Coates

14. BIRTHPLACE (State or country) Maryland

MOTHER

15. MAIDEN NAME Maddie Alley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place PIKESVILLE, MD Date 2-17 1933

19. UNDERTAKER Frank F. Norvell
(Address) Pikesville, Md.

20. FILED FEB 16 1933 # [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Feb 16 1933

Last saw h alive on Feb 16 1933 Death is said to have occurred on the date stated above, at 7³⁵ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	2yr.

Other contributory causes of importance:

cachexia	2 months

Name of operation Gastrostomy Date of Jan 16 1933

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W. Hart M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87686 87686

CERTIFICATE OF DEATH

Registered No. 150

1. PLACE OF DEATH Womans Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-01 St. Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Mrs Annie Syper

(a) Residence: No. 3231 W Redwood St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Abe Syper married

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Hyman Bergovitz

14. BIRTHPLACE (city or town) (State or country) Lith.

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Lith.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2-16, 1933
Place Levering Run

19. UNDERTAKER Clark Levering Bros
(Address) 1439 E Baltimore St

20. FILED FEB 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30th, 1933, to Feb 14th, 1933. I last saw her alive on Feb. 14th, 1933. Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of Breast to Liver and Lungs

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Marius P. Johnson, M. D.

(Address) Womans Hospital

M. D. Rec'd

87687

HEALTH DEPARTMENT—CITY OF BALTIMORE

87687

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Smith

(a) Residence: No. 1632 N. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sister Salvatore
(Address) 1632 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Druid Hill Ave Date 2-17 1933

19. UNDERTAKER .....
(Address) .....

20. FILED FEB 16 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1933 to 2-16 1933

I last saw him alive on 2-16 1933. Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal suffocation & cerebral embolism due to	Jan 33
Other contributory causes of importance:	
Cholecystectomy & drainage	2-16-33

Name of operation Cholecystectomy & drainage Date of 2-13-33

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. G. Stone M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

87688 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87688

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH Baltimore City Hospt. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. St. 3-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME John Shalefsky

(a) Residence: No. 904 E. Lombard St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unk.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Balto City Hospt.

18. BURIAL, CREMATION, OR REMOVAL Aug 8-1933
Undertaker's Name & Address Date Aug 10 1933

19. UNDERTAKER Joseph Lyden
(Address) 1600 N. Broadway

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1933 to 2-11-1933

I last saw him alive on 2-11-1933 Death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholic Intoxication & Delirium	Unk.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry Goldsmith M. D.
(Address) Balto City Hospital

M. D. B. 1268-8

87689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87689

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester Edmonds

(a) Residence: No. 613 Ensor st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Blackstone
(State or country) Virginia

FATHER

13. NAME Dillard Edmonds

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Courtney Branch

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Feb 16 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932 to February 10, 1933

I last saw him alive on February 10, 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932
Tuberculous meningitis	Jan. 23, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stoner M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87690

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Tioga place Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Hirsch Horwitz

(a) Residence: No. 2307 Tioga place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron M.

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chester E Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Hyman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Chester E Horwitz
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sinai
Place Shearith Israel Date Feb 16 1933

19. UNDERTAKER H Kenney Bro
(Address) 11 E Baltimore St

Hunterstown Adams Co. Pa.
Registrar.

20. FILED FEB 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 15 1933.

I last saw h alive on Feb 15 1933. Death is said to have occurred on the date stated above, at 730 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance:

Pulmonary Edema	Feb 15

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Kahn M. D.

(Address) 2306 Eutaw Pl

E 87691

87691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Hopkins

(a) Residence: No. 153 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Hopkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Powell

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb 15, 1933

19. UNDERTAKER Edw. Bryan & Bro. Northeast
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1933, to 2-11, 1933

I last saw h[illegible] alive on 2-11, 1933 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3½ mos?
Other contributory causes of importance:	
Lecithin Anemia	?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Henry Pellicot

HEALTH DEPARTMENT—CITY OF BALTIMORE

87692

CERTIFICATE OF DEATH

54E 87692

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ... death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Henry Pellicot

(a) Residence: No. 1812 N. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth J. Pellicot

6. DATE OF BIRTH (month, day, year) April 17, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) Nov, 1932

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Pellicot

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Rose Kentner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Bertha Pellicot

(Address) 1812 Monford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Feb. 8, 1933

19. UNDERTAKER Wm. F. Moran

(Address) 3000 E. Balto St

20. FILED FEB 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-3-33 to 2-14 1933

I last saw him alive on 2-14 1933. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRAIN TUMOR	12-32?
	Joint
Other contributory causes of importance: CARDIAC COLLAPSE	2-13-33

Name of operation Trephine + Ventric Puncture (Date of) 2-8-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Sharpe M. D.

(Address) Med. Gen. Hospital.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-B

87693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 87693

1. PLACE OF DEATH St. Joseph's Hosp. Registered No.

CITY OF BALTIMORE: (No.) St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Krug

(a) Residence: No. 618 Wolfe St., Rear Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Krug.

6. DATE OF BIRTH (month, day, year) May 24 32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Krug

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Marie Franz

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mr. Frank Krug (Address) 618 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL Place St Paul Cmty Date Feb. 17, 1933

19. UNDERTAKER John A. Mraz (Address) 3000 E. Balto St.

20. FILED FEB 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1933 to Feb. 15, 1933

I last saw him alive on Feb. 15, 1933. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho Pneumonia	2/3/33
Malnutrition & Rickets	"
Exanthem	
Other contributory causes of importance:	
Acute Otitis Media	2/2/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mayerhoffer M. D.

(Address) St. Joseph's Hospital

87694 F 87694

26988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-4 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Howard

(a) Residence: No. Cockeysville St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 3/6/61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71 72	11	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joshua Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gladys Glenkeman

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar Lemming 2/18/33

19. UNDERTAKER H. C. Brooks & Son

(Address) Sparks Md

FEB 18 1933

2[illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 11, 1933 to Feb 15, 1933

I last saw h.m alive on Feb 15, 1933 Death is said to have occurred on the date stated above, at 10[15] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2 15 33

Other contributory causes of importance:

Benign Prostatic Hypertrophy	
Cerebral Hemorrhage	2 15 33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd F. Cepris M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

M. D. B. 1268-9

87695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87695

CERTIFICATE OF DEATH

Registered No. 45

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 19-ad Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Tibbals

(a) Residence: No. 26 S. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Tibbals

6. DATE OF BIRTH (month, day, year) Unknown? - 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Expressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Maryland

FATHER

13. NAME Samuel [illegible] Tibbals

14. BIRTHPLACE (city or town) United States (State or country)

MOTHER

15. MAIDEN NAME Elizabeth A. Holden

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Feb. 18 19 33

19. UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

20. FILED FEB 16 1933 Herrington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1933 to 2-15 1933

I last saw h[illegible] alive on 2-15 1933 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Soft Palate	1931
Arteriosclerosis	
Senility	
Chronic Bronchitis	

Other contributory causes of importance:

Bronchopneumonia	2/12/33

Name of operation Biopsy Date of 1933

What test confirmed diagnosis? CF Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 87696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87696

CERTIFICATE OF DEATH

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert G. Galt

(a) Residence: No. 737 Newington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Galt

6. DATE OF BIRTH (month, day, year) May 5 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hampson Realty Co.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Washington Galt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Frise

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George M. Hampson

(Address) 737 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 17, 1933

Place Loudon Park Cem.

19. UNDERTAKER C. H. Cook

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

FC 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , I last saw him alive on , 19 , at m., and that death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 months

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Luff Coroner. M. D.

(Address) North Ave. & Division St.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87697 E 87697

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenue St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Maria Brady

(a) Residence: No. 1702 W. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Unknown 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jermiah Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Galvin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Sarah Brady

(Address) 1327 Int. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 18 1933

19. UNDERTAKER Joseph Brook

(Address) 1003 E. Baltimore St.

20. FILED ..... Registrar.

FEB 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1933, to Feb. 15 1933

I last saw her alive on Feb. 15 1933. Death is said to have occurred on the date stated above, at 11.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of fundus of gall bladder and its ducts - origin?	2 yrs.?

Other contributory causes of importance: Myocarditis. Advanced arteriosclerosis. Metastasis of carcinoma to liver & spleen.

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Alfred Van Arsdale, M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

87698

HEALTH DEPARTMENT—CITY OF BALTIMORE

87698 E

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital V 47

CITY OF BALTIMORE: (No. ..... St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman J. Miller

(a) Residence: No. 2132 Latrobe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Miller

6. DATE OF BIRTH (month, day, year) Jan. 9-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha Raft

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Maryland Sanitarium. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 18. 1933

19. UNDERTAKER Geo W. Little (Address) 2,000 Edmondson Ave

20. FILED ..... 19..... Registrar.

FEB 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1933 to Feb 15 1933

last saw him alive on Feb 15 1933 Death is said to have occurred on the date stated above, at 6.02 pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung with metastasis to Mediastinum & Liver — Date of onset 10-32

Other contributory causes of importance:

Pneumonia — Jan '33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Thauer M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87699 87699

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Wehrmann

(a) Residence: No. 1625 Rutland ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Wehrmann

6. DATE OF BIRTH (month, day, year) Sept 1 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Turner

14. BIRTHPLACE (city or town) (State or country) U S

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) U S

17. INFORMANT Wm F Wehrmann

(Address) 1625 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 2/18, 1933

19. UNDERTAKER Geo C Turley

(Address) Fulton & Fayette

20. FILED 2/16 1933 Huntington W Va, 2/16, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1933 to February 14, 1933

I last saw h alive on February 14, 1933 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic tuberculosis, lungs	Unknown
Chronic pancreatic nephritis	Nov 1932
Sclerites	Jan 15
Other contributory causes of importance:	
Post operative shock	2/14/33

Name of operation Gastrotomy Date of 2/14/33

What test confirmed diagnosis? W.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F Wehrmann M. D.

(Address) 5 East Read St

M. D. B. 1268-9

(Gunser)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87700

CERTIFICATE OF DEATH

V 59

E 87700

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Mc Phail St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Gunser

(a) Residence: No. 128 Mc Phail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Christian Gunser

6. DATE OF BIRTH (month, day, year) Apr 23 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	9m	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Matthias Gunser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F Gunser

(Address) 128 Mc Phail St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 8/17, 1933

19. UNDERTAKER Geo Corpening & Son

(Address) Fayette & Eutaw Sts

Huntington, Williams & Yost Distrct.

AUG 16 1933

R. P. 14.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Feb. 14, 1933.

I last saw h.e.d. alive on Feb. 14, 1933. Death is said to have occurred on the date stated above, at 10.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	about 11-31
Diabetes mellitus	about 1-'28
Other contributory causes of importance:	
Multiple arthritis	about 1-'28

Name of operation None Date of —

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C Cole M. D.

(Address) 1203 W. Fayette St

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Heemann)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87701 E 87701

CERTIFICATE OF DEATH.

23

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3311 Ruckert Ave. St. 27-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Walter William Bernard Heemann

(a) Residence No. 3311 Ruckert Avenue St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Alice Rebecca Heemann.

6-DATE OF BIRTH (month, day and year) April 21, 1892.

7-AGE. 40 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Undertaker

(b) General nature of Industry, business, or establishment in which employed (or employer). — 086

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Louis Heemann.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Louisa Kalthof.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

14- (Informant) Mrs. W. Heemann

(Address) 3311 Ruckert Ave

15- Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 16, 1933.

17- I HEREBY CERTIFY, That I attended deceased from February 9, 1933 to Feb. 16, 1933, that I last saw h/xx alive on Feb. 16, 1933, and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Spontaneous Pneumothorax

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) James G. Marston, M. D.

2-16, 1933 (Address) 516 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Emmanuel — DATE OF BURIAL, 2/19/ 1933

20-UNDERTAKER. Louis Heemann — ADDRESS 325 Broadway

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7702

E 87702

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St. 23-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Masingo

(a) Residence: No. 1014 Patapsco St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-11-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mildred Masingo

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna Vickers

(Address) 423 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 17 1933

19. UNDERTAKER Joseph Luffey

(Address) 1014 Patapsco Ave.

16 1933

....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1933, to 2-15, 1933

I last saw her alive on 2-15, 1933 death is said to have occurred on the date stated above, at 1.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho Pneumonia	2-13-33

Other contributory causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Lahm, M. D.

(Address) South Baltimore Gen. Hosp.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87703

CERTIFICATE OF DEATH.

131 E 87703

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-01 Ward)

2-FULL NAME Alphonsus Damer

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: +

6 DATE OF BIRTH (month, day, and year): August 8- 1848

7 AGE: 84 Years 6 Months 8 Days. IF LESS than 1 day ..... hrs. or ..... min.

84 years

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Mathias Damer

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country)

12 MAIDEN NAME OF MOTHER Salma Shorce

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country)

14 Informant — Sister Stanislaus

(Address) 1200 Valley

15 Filed Feb 17 1933 Harriet Frederick Registrar

Hunting Town R.F.D.

6 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1933 to Feb 16 1933, that I last saw him alive on Feb 16 1933, and that death occurred, on the date stated above, at 2:40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. 7 mos. ____ ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ____ yrs. 2 mos. ____ ds.

18 Where was disease contracted _____

If not at place of death? no

Did an operation precede death? ____ Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) L. M. Parker, M. D.

2/16/1933 (Address) 1114 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Feb 17 1933

20 UNDERTAKER: Richard Wadefield — ADDRESS: Pine Grove

Spec.—9 30—A. & Co.—250 Bks.

87704 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87704

CERTIFICATE OF DEATH.

V 161-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 131 W. Randall St. 23-01 WARD)

2 FULL NAME Baby Jacobs

(a) RESIDENCE NO. 131 W. Randall St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1933

7 AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER LeRoy E. Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Grace E. Forrester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mr. LeRoy E. Jacobs
(Address) 131 W. Randall St.

Received FEB 16 1933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1933 to Feb. 15, 1933

that I last saw him alive on Feb. 15, 1933

and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Campbell M. D.

2/16 1933 (Address) 1644 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 2/19/33 19

20 UNDERTAKER Bernard A. Finke ADDRESS 784 Washington Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87705

CERTIFICATE OF DEATH

82-001

E 87705

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Hennick Road St., 43-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Dalton

(a) Residence: No. 2906 Hennick Road St., 43 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Dalton

6. DATE OF BIRTH (month, day, year) June 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Joseph Dalton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Hothis

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mary S. Dalton

(Address) 2906 Hennick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Feb 20, 1933

19. UNDERTAKER Charles Hotes

(Address) 3615-17 Eastern

20. FILED 2-20-1933 Huntingtown Village, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harold Hoffman, M. D.
Coroner

(Address) 1672 Roland Ave

M. D. B. 1268-9

E 87706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 87706

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J Rolf

(a) Residence: No. 613 E. Clement St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rolf

6. DATE OF BIRTH (month, day, year) Oct 1 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Rolf

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret A Wagner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Rolf (Address) 613 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date Feb 18, 1933

19. UNDERTAKER Chenoweth Son (Address) 1015 N. Charles St.

10 1933 Huntington Indiana, N.H.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Chronic rheumatism	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. Richmond M. D. Coroner

(Address) Post Pathologist

M. D. B. 1268-9

87707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87707

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1122 Ethney St. (Ward) 17-01

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elias H. Ireland

(a) Residence: No. 1122 Ethney St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male

4. Color or Race Col'd

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charity

6. DATE OF BIRTH (month, day, year) 1874

7. AGE: Years 59 | Months 8 | Days | If LESS than 1 day, ... hrs. ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME David Ireland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bettie Clifford

16. BIRTHPLACE (city or town) (State or country) Howard County, Md

17. INFORMANT (Address) 1122 Ethney St

18. BURIAL, CREMATION, OR REMOVAL Place New Cedar Hill Date 2/17/33 19

19. UNDERTAKER Mrs. Lee H. Holland (Address) 1822 Druid Hill Ave

20. FILED 2/16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	
	3 Months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Polk Coroner M. D.

(Address)

1-30—M. & T.—100 B—50L

E 87708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87708

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1718 Wilmington Ave. ST. 25-01 (WARD)

2-FULL NAME Francis A. Mitchell.

(a) RESIDENCE NO 1718 Wilmington Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Marie K. Mitchell.

6 DATE OF BIRTH (month, day, and year) February 9, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	0	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cementer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lee Mitchell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas.

12 MAIDEN NAME OF MOTHER Anna Mann.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Marie K. Mitchell. (wife)

(Address) 1718 Wilmington Ave.

15 Filed 1 1933, 192 Huntington Millicent, N.J. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.
Obstruction of the Coronary arteries.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hinkelday, M. D. Coroner

2/16/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Feb 18 1933

20 UNDERTAKER: Harry H Wetzke

ADDRESS: 4101 Edmondson Ave

TION is very important See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87709

CERTIFICATE OF DEATH

E 87709

210-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto M. Szech

(a) Residence: No. 2639 Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Dec. 25, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Szech

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Scharf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Szech

(Address) 1906 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date Feb 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St.

20. FILED 16 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from many, 19, to, 19

I last saw h alive on many, 19. Death is said to have occurred on the date stated above, at 9.40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	2/2/33
Ruptured Bladder	
Other contributory causes of importance:	
Automobile Accident	2/2/33

Name of operation Laparotomy Date of 2/2/33

What test confirmed diagnosis operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 2/2 19 33

Where did injury occur? Kirk ave & 25th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Fell off of moving truck

Nature of injury & was run over by same truck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2200 E. Madison St

M. D. B. 1265-9

E 87710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87710

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S Macon St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Raymond A Briggs

(a) Residence: No. 631 S Rutland St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lupman

6. DATE OF BIRTH (month, day, year) Sept 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	44	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cato Md

FATHER

13. NAME Samuel Briggs

14. BIRTHPLACE (city or town) (State or country) Rockville Md

MOTHER

15. MAIDEN NAME Markman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Stella Markman

(Address) 229 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 20th 1933

19. UNDERTAKER Wm Cook

(Address) 1212 E Fort Ave

20. FILED Feb 16 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Heart	1 Day
due to Arterio sclerosis	

Other contributory causes of importance: Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

M. D. B. 1268-B

87711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87711

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Virginia Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward N. Power

(a) Residence: No. 3002 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Florence E. Power

6. DATE OF BIRTH (month, day, year) Dec 25-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	20 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasoline Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Business

10. Date deceased last worked at this occupation (month and year) March 1929

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (City or town) (State or country) Reisterstown Maryland

FATHER

13. NAME John Power

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine E Crawford

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr Arnold H Goering Jr

(Address) 3002 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Feb 17 1933

19. UNDERTAKER Waldron Cook

(Address) 1217 E Lane St

20. FILED Feb 16 1933 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Feb 14, 1933

I last saw him alive on Feb 14, 1933. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	12-15-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davies M. D.

(Address) 5006 3rd St.

OCCUPATION IS VERY important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87712

E 87712

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Metz

(a) Residence: No. 123 Loudon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie E. Metz

6. DATE OF BIRTH (month, day, year) April 30 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Metz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Mannington

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Annie E. Metz

(Address) 123 S. Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 18 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 18 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to Feb 16, 1933

I last saw him alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	Feb 15
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular disease	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Goodman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

B 18 1933

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87713 E 87713

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S Clement St. 24-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary F. Burton

(a) Residence: No. 426 S Clement St. 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Coons

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va

FATHER

13. NAME James Burton

14. BIRTHPLACE (city or town) (State or country) Charlottesville Va

MOTHER

15. MAIDEN NAME Nancy Dickey

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va

17. INFORMANT Mrs. Annie Burton
(Address) 426 S Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/20 1933

19. UNDERTAKER Geo. A. Talbert & Son
(Address) 1301 Eutaw Place

20. FILED 2/16 1933 Thurlow Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933 to Feb 16, 1933
I last saw h[illegible] alive on Feb 16, 1933 death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 day
	0
Other contributory causes of importance:	
Myocarditis	4 mo.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. F. Webb M. D.
(Address) 125 S Williams St

M. D. B. 1268-9

E 87714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 87714

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Liberty Heights St., 15-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Newman Loewenberg

(a) Residence: No. 3317 Liberty Heights Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Loewenberg

6. DATE OF BIRTH (month, day, year) July 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Goods

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Adolph Loewenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Burgunder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. N. Loewenberg
(Address) 3317 Liberty Heights Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Feb. 17, 19 33

19. UNDERTAKER David Sonneborn & Son
(Address) 1902 Eutaw Place

20. [illegible] Huntington Indiana, Ind.

16 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 , 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3 1932 to Feby 15 1933.

I last saw h[illegible] alive on Feby 14 1933. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1 year

Other contributory causes of importance:

Intestinal obstruction	4 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Louis V. Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-0

87715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87715

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E Chase Street St., 7-01 Ward)

Length of residence in city or town where death occurred 32 years mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Providenzia Matranga

(a) Residence: No. 1913 E Chase Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Matranga

6. DATE OF BIRTH (month, day, year) April 29, 1871

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
61	9	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ? .Medica

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Pete Matranga

(Address) 1123 McDonogh Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 18, 1933

19. UNDERTAKER [illegible]

(Address) 1320 Hollins St

Hunting & Williams, Registrar.

20. FILED 161933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to Feb 15 1933

I last saw h[illegible] alive on Feb 14, 1933 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 14
Other contributory causes of importance: Arteriosclerosis	1929

Name of operation [illegible] Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1301 N Patterson Pk

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 87716

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87716

94-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4727 Park Heights St., 27-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. McCusker

(a) Residence: No. 4727 Park Heights St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary McCusker

6. DATE OF BIRTH (month, day, year) April 10, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store 034

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas McCusker

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs. Mary McCusker
(Address) 4727 Park Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/17/33. 19...

19. UNDERTAKER H. Kernan Lennon
(Address) 4611 Park Heights Ave.

20. FILED 2/16/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Feb 14, 1933.

I last saw h... alive on Feb 13, 1933. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 14

Other contributory causes of importance:

Senility, Hypertrophy of Prostate Gland.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Charles L Mella M. D.

(Address) 4216 Park Heights Ave

M. D. B. 1268-9

E 87717

E 87717 HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Violet Ave St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mns. ..... ds.

2. FULL NAME Celia Galkowitz

(a) Residence: No. 2902 Violet Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Lafowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Polum

(Address) Local Welfare Assn.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem'l Park Date 2-17, 1933

19. UNDERTAKER Jack Lewis & Son

(Address) 1739 E. Baltimore St.

20. FILED FEB 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932 to Feb 16, 1933

I last saw h.. alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the esophagus	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupatinn of deceased? .....

If so, specify .....

(Signed) Samuel Levitsky M. D.

(Address) 1810 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Lowndes.

E 87718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87718

CERTIFICATE OF DEATH

V 42-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4027 Park Heights Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Lowndes

(a) Residence: No. 4027 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carl Lowndes

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wolf Feinlander

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lowndes

(Address) 1430 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cedar Lawn Date 2-17 1933

19. UNDERTAKER J. L. Lowndes Inc

(Address) 1430 E Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Feb 17 1933

I last saw her alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Other contributory causes of importance:	
Cardiac failure	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Ehrman M. D.

(Address) 3817 Park Heights Ave

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87719

CERTIFICATE OF DEATH

E 87719

186-001

1. PLACE OF DEATH Md. General Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Emma Parks

(a) Residence: No. 1615 Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Baptist Home (Address) 1615 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Feb 17 1933

19. UNDERTAKER John D. Middendorf & Son (Address) 1625 Eutaw Place

20. FILED FEB 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1933 to 2/15, 1933

I last saw her alive on 2/15, 1933 Death is said to have occurred on the date stated above, at 8 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur	2/5/33
Hypostatic Pneumonia	2/10/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/5, 1933

Where did injury occur? At Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell while getting out of Bed

Nature of injury Fracture neck of R. femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. J. Pearce M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87720

87720

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Sulgrave Ave. St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Buck Austin

(a) Residence: No. 1914 Sulgrave Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herbert G. Austin

6. DATE OF BIRTH (month, day, year) Aug. 4, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME H. Best Buck

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emily C. Hoover

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ruth Musser
(Address) 1813 South Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 17 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1933 49 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Feb 15 1933

I last saw her alive on Feb 14 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	10 yrs

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 1020 N. Charles

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87721

E 87721

CERTIFICATE OF DEATH

√93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Castle St. 2-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN SCHWEIGER

(a) Residence: No. 510 S. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna E. Schweiger

6. DATE OF BIRTH (month, day, year) May 13, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gibbs Packing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Valentine Schweiger

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Dunnigan

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mrs. Johanna Schweiger (wife)

(Address) 510 S. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem. Date Feb. 17. 19 33

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore & Broadway.

20. FILED FEB 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at 8. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Acute Alcoholism

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Kenny M. D. M. D.
Coroner

(Address) 1000 Cathedral St.

AdCo. 5-31 250B

87722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87722

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 681 Washington Blvd St. 2 Ward)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 12 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lousia Lucas

(a) Residence: No. 681 Washington Blvd St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Lucas

6. DATE OF BIRTH (month, day, year) May 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Fortman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Fickey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Benj. Lucas
(Address) 681 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place GREENMOUNT Cem. Date Feb. 17, 1933

19. UNDERTAKER W. J. Pickney & Sons
(Address) Nortn & Pa

20. FILED Feb 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to 2-14, 1933

I last saw her alive on 2-14 1933 death is said to have occurred on the date stated above, at 8.27 P m.

23. The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2/13/33
Other contributory causes of importance: Cardio-Vascular Renal Disease	2 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph H. Lankaster M.D.

(Address) 679 Washington Blvd

87723 S-20-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87723

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 N. Biddle ST. 11-01 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Anderson

(a) RESIDENCE NO. 325 N. Biddle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Anderson

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 75 Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): O[illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thos. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ...

14 Informant: Mary E. Anderson

(Address): 325 N. Biddle St

15 Filed FEB 17 1933 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1933, to Feb 16 1933,

that I last saw him alive on Feb 15 1933,

and that death occurred, on the date stated above, at 1.28 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) C. W. Hunter, M. D.

Feb 1933 (Address) 718 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Feb. 18 1933

20 UNDERTAKER: Jesse M. Leader — ADDRESS 436 W. Biddle

TION is very important. See instructions on back of certificates.

M. D. B. 1268-A

87724

HEALTH DEPARTMENT—CITY OF BALTIMORE

87724

CERTIFICATE OF DEATH

7-01 V 207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Penna R.R.-Kressen- Phila Rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William T. Bright

(a) Residence: No. 959 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Bright

6. DATE OF BIRTH (month, day, year) Dec 3/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Alonzo Bright

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Liza Thompson

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Sophia Bright
(Address) 959 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date Feb 18 19 33

19. UNDERTAKER Frank Crack & Son
(Address) 1906 Eastern Ave

20. FILED Huntington Avenue, N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.30 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck & multiple injuries	
Other contributory causes of importance: Struck by Railroad Express	2/15/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ... 19 ...

Where did injury occur? Penna R.R. (Specify whether in city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Sruck by engine

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. S. H. Queen M. D.
Coroner

(Address) 508 E. Fayette

M. D. B. 1268-9

E 87725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87725

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Hanover St. 22-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Jennings

(a) Residence: No. 634 W. Conway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Jennings

6. DATE OF BIRTH (month, day, year) 1870

7. AGE: Years 43 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edwood Major

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Lick

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Josephine Cooper

(Address) 52 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb. 1933

19. UNDERTAKER Walter P. Boggs

(Address) 1612 W. Baltimore St

20. FILED Feb 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2 E. Lexington St.

M. D. B. 1268-9

726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87726

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Edmondson Avenue St., 20-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Stroh

(a) Residence: No. 2409 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie A. Stroh

6. DATE OF BIRTH (month, day, year) Aug. 30, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Stroh

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emiganda Schumacher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Katie A. Stroh
(Address) 2409 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 20. 1933

19. UNDERTAKER M. V. Mus. John W. Tuhl & Son
(Address) 501 W. Fayette St.

20. FILED ... 19...
Registrar.

17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1933 to February 15, 1933

I last saw him alive on February 15, 1933 Death is said to have occurred on the date stated above, at 10.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Chronic myocardial degeneration	?
Chronic nephritis	?
Uremia	Feb. 12

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Jack R. Morgan M. D.

(Address) 6 E. Read St.

M. D. R. 1768-9

87727 TROUT E 87727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No.

1. PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fiduciary & Cat 43-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Troute

(a) Residence: No. 1328 Mosling Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Trout

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Amelia Lowry

(Address) 1328 Mosling Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 17- 1933

19. UNDERTAKER Forgue F. Burger

(Address) 3631 Falls Road

20. FILED 19 Registrar.

FEB 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1933 to 2-14, 1933

I last saw her alive on 2-14, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Decompression Date of 2-13-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert W. Allison M. D.

(Address) St. Agnes Hospital

E 87728

1-30—75 C T—100 B—50L

87728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 53 S. Stockton St. (ST.) 18-21 (WARD)

2-FULL NAME Sophie Moore. C.

(a) RESIDENCE NO. 53 S. Stockton St, ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced (or) WIFE of James Moore. C.

6 DATE OF BIRTH (month, day, and year) June 10, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Dorie Waters. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Eliza Spriggs. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Bessie Waters. (C) sister.

(Address) 2223 Pennsylvania Ave.

15 Filed FEB 17 1933, 192 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Leinhardt, M. D. Coroner

2/15/33 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Feb 18th 19 33

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor

TION is very important See instructions on back of certificate.

M. D. B. 1268-9

E 87729

E 87729 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2147 Mt Holly St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George H Chamberlain

(a) Residence: No. 2147 Mt Holly St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie E Becker

6. DATE OF BIRTH (month, day, year) May 15, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Chamberlain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cornelia Basford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Harry Schnepfe

(Address) 2147 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/17, 1933

19. UNDERTAKER H B Hilbert

(Address) 1500 N. Baltimore St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, 19..... to Feb. 15/33, 19.....

I last saw h... alive on Feb. 14, 1933. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1928
Cerebral Hemorrhage and paralysis	Jan – 1932
Other contributory causes of importance:	
Chronic parenchymatous nephritis	P

Name of operation ..... Date of ..... What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter D Hulbert M. D.

(Address) 2220 Garrison Av

OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1933

M. D. B. 1268-B

87730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87730

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Belair Road St. 8-01 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick G. Christ

(a) Residence: No. 3317 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Clara E. Christ

6. DATE OF BIRTH (month, day, year) July 8 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Md

FATHER

13. NAME Henry Christ

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Moreheart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Christ

(Address) 3317 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date, Feb. 20, 1933

19. UNDERTAKER Henry Koch & Sons, Inc

(Address) 1301 E. Eager St

FILED FEB 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 16 1933

I HEREBY CERTIFY, That I attended deceased from January 29 1933 to July 16 1933

I last saw h... alive on July 15 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Frederick G. Otten M. D.

(Address) 2827 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87731

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 N. Caroline St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Engelmeyer

(a) Residence: No. 1636 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
(or) WIFE of Joseph H. Engelmeyer

6. DATE OF BIRTH (month, day, year) February 15 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis Kerny

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kune

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary D. Engelmeyer

(Address) 1636 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Feb. 18 1933

19. UNDERTAKER Henry Theis Sons, Inc.

(Address) 1301 E. Eager St

20. FILED FEB 17 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 15 1933

22. I HEREBY CERTIFY, That I attended deceased from February 4 1933 to February 15 1933

I last saw her alive on February 15 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Cerebral Hemorrhage	2/4/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Albert Engelmeyer M. D.

(Address) 1611 E. Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

Meldick

87732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 87732

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Abell Ave. St. 12-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Meldick

(a) Residence: No. 3103 Abell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late John Meldick

6. DATE OF BIRTH (month, day, year) Dec. 27th. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Daniel Joynes

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret Brenneman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Viola Meldick

(Address) 3103 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/18/33 19

19. UNDERTAKER Geo. L. Boyer Sr

(Address) 1512 Hollins St

Huntington Williams, Mgr

19

FEB 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from November, 1931, to February 14th 1933

I last saw her alive on Feb 14th 1933 death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Chronic nephritis	1931
Uremia	2-7-'33
Other contributory causes of importance: Cerebral Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lewis P. Gundry M. D.

(Address) 300 E. 31st St, Baltimore, Md.

M. D. B. 1268-9

E 87733

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87733

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude Ethel Harris

(a) Residence: No. 2413 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw J. Harris

6. DATE OF BIRTH (month, day, year) Feb. 1- 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	-	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James D. M. Waldman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Young

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edw. J. Harris

(Address) 2413 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb 20 1933

19. UNDERTAKER George W Girtler

(Address) 1757 E. Eager St

20. [illegible] Registrar.

FEB 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb-16, 1933

I last saw h[illegible] alive on Feb-16, 1933. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 10-D

Other contributory causes of importance:

Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Lamm, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87734

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 W. Saratoga St. 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Louis (Lewis) Bauers

(a) Residence: No. 1301 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Bauers

6. DATE OF BIRTH (month, day, year) Feb 14 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Skins

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leroy Bauers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Grace Payne

(Address) 1301 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 2/17 1933

19. UNDERTAKER Charles H Burkett

(Address) [illegible]

FEB 17 1933

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-14. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10. 1931 to Feb 14 1933

I last saw h alive on Feb 14. 1933 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis and arteriosclerosis — Date of onset .....

Other contributory causes of importance: Uraemia 2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine + + + Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D W Truxton M. D.

(Address) 122 W Lee St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87735

CERTIFICATE OF DEATH

E 87735

Registered No. 97-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 4820 Roland Ave

CITY OF BALTIMORE: (No. Upland Apts St. 27-4 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? 64 yrs. 8 mos. 26 ds.

2. FULL NAME William J Holland

(a) Residence: No. Upland Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Emma E Miller Holland

6. DATE OF BIRTH (month, day, year) May 21 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Accessories

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jim Holland-Baden Factory

10. Date deceased last worked at this occupation (month and year) Feb 16 33

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Col John C Holland

14. BIRTHPLACE (city or town) (State or country) Mondon Md

MOTHER

15. MAIDEN NAME Eleanor Myers

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Annie M. Holland (wife)
(Address) 4820 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 18 1933

19. UNDERTAKER Lewis H Mond Co.
(Address) 4700 Harford Ave

20. FILED FEB 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1930 to Feb 16 1933

I last saw alive on Feb 16 1933 4:45 P. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Coronary Thrombosis	2/16/33
Other contributory causes of importance: Arterio-Sclerosis and Chronic Endocarditis	1930

Name of operation None Date of

What test confirmed diagnosis Physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Culver House M. D.

(Address) 1401 Eutaw Place

M. D. R. 1268-9

87736

HEALTH DEPARTMENT—CITY OF BALTIMORE 87736

CERTIFICATE OF DEATH

V 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Warden St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie Murray

(a) Residence: No. 1021 Warden St., W Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Murray

6. DATE OF BIRTH (month, day, year) December 20 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1 Mo	25 Dys	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) 11 32 yrs

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) County Galway Ireland

FATHER

13. NAME Martin Gunn

14. BIRTHPLACE (city or town) (State or country) County Galway Ireland

MOTHER

15. MAIDEN NAME Mary Welch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John M. Murray
(Address) 1021 Warden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Feb 16 1933

19. UNDERTAKER Edgar W. Templin
(Address) 924 E Lafayette Ave

20. FILED Feb 17 1933 Registrar.

B 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1933 to 2/15, 1933

I last saw h alive on 2/15, 1933 Death is said to have occurred on the date stated above, at 1120 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Lorsch M. D.

(Address) 1216 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Skalinski

87737

HEALTH DEPARTMENT—CITY OF BALTIMORE

106 E 87737

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 408 S Wolfe St ST. 2-01 WARD)

2-FULL NAME Anna Skalinski

(a) RESIDENCE NO. 408 S Wolfe St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 11, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	21	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Frank Skalinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Marie Novak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Skalinski (Brother)

(Address) 408 S Wolfe St

15 Filed Feb 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Feb 15, 1933,

that I last saw her alive on Feb 15, 1933,

and that death occurred, on the date stated above, at 7 40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2260 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Feb

DATE OF BURIAL Feb 20 1933

20 UNDERTAKER J W Zagunsky

ADDRESS 1950 Eastern Ave

TION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

Harnek

HEALTH DEPARTMENT—CITY OF BALTIMORE

87738 E 87738

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St., ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Harnek

(a) Residence: No. 126 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Harnek.

6. DATE OF BIRTH (month, day, year) unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Frank Urbacak

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Zofia Miencak

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Frank Harnek

(Address) 2113 Leads St.

18. BURIAL, CREMATION, OR REMOVAL

Place H. G. Rosary Date Feb 20, 1933

19. UNDERTAKER J. W. Rozanski

(Address) 1430 Eastern Ave

FILED FEB 17 1933 Eugene Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1932 to 2-15, 1933

I last saw her alive on 2-15, 1933 death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular-Renal Disease. Cardiac Decompensation with Anasarca	1930 Nov 32
Other contributory causes of importance: Chronic Interstitial Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Luten M. D.

(Address) South Balto. Gen. Hosp.

M. D. B. 1268-9

105 E 87739

87739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 4-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Hill

(a) Residence: No. Solomons (Md.), Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	17/5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Alfred Hill

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mazie Langley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Alfred Hill

(Address) Solomons Md

18. BURIAL, CREMATION, OR REMOVAL Solomons Md

Our Lady Star Sea Date 2/17, 1933

19. UNDERTAKER W. McCarty

(Address) 1210 E. Fort Ave

20. FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to Feb 16, 1933

I last saw her alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic Laryngitis	Feb 2
Tracheo Bronchitis	

Other contributory causes of importance:

Myocarditis	7
Mongolian Idiot	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

AACo. 5-31 250B

87740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87740

CERTIFICATE OF DEATH

94-002

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N. Milton Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Augusta Price

(a) Residence: No. 415 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of William T. Price

6. DATE OF BIRTH (month, day, year) Nov. 3, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York
(State or country) Pa.

FATHER

13. NAME August Schultz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Weisheit

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT William T. Price Jr.
(Address) 415 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Ceme Date 2/18/20, 1933

19. UNDERTAKER Taylor Woods Sons
(Address) 424 N. Broadway

20. FILED FEB 17 1933 Huntington, West Virginia, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1930, to Feb 16, 1933

I last saw her alive on Feb 12, 1933 death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	2 hrs
Cardio - Vascular Dis	
Other contributory causes of importance:	
Carcinoma (Coronary) Block.	1½ hrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. R. A. Brasser, M. D.

(Address) 125 S Abbey

M. D. B. 1268-3

87741 HEALTH DEPARTMENT—CITY OF BALTIMORE 87741

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH (Lakeland) 35-01 Registered No.

CITY OF BALTIMORE: (No. 2410 Banger st St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry O. Mackin

(a) Residence: No. 2410 Banger st (Lakeland) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Mackin.

6. DATE OF BIRTH (month, day, year) Jan 2/1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Oil Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Andrew Mackin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jennie McLane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Anna M. Mackin

(Address) 2410 Banger st.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb. 18/33 19

19. UNDERTAKER Philip Herwig

(Address) 2016 Eilend st

FILED Clinton Williams, M.D. Registrar.

17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15/33 19

22. I HEREBY CERTIFY, That I attended deceased from about 20 years 19 , to Feb. 15 , 1933

I last saw h-im alive on Feb. 14 1933 Death is said to have occurred on the date stated above, at 8 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb. 8. 1933.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Philip J. Fowler M. D.

(Address) 1432 William St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

87742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87742

CERTIFICATE OF DEATH

V 94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4720 Delaware Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry E. Schwartz

(a) Residence: No. 4720 Delaware ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk B. & O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Schwartz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Hunfeld

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Annie Schwartz
(Address) 4720 Delaware Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem Date Feb 18/33 19...

19. UNDERTAKER Philip Herring
(Address) 2216 Orleans St

Huntington Station, N.Y.

20. FILED Feb 17 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Eugenia Tectonis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H. Norwood M. D.
Coroner

(Address) 3612 Roland Ave

M. D. R. 1268-9

E 87743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 87743

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME BABY WAWSON

(a) Residence: No. 962 CHAPEL ST St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME WAWSON 962 CHAPEL ST

14. BIRTHPLACE (city or town) .....
(State or country) NORTH CAROLINA

MOTHER

15. MAIDEN NAME [illegible] 962 CHAPEL ST

16. BIRTHPLACE (city or town) .....
(State or country) NORTH CAROLINA

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Feb 17 . 1933

19. UNDERTAKER .....
(Address)

20. FILED [illegible] 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8/33. 19

22. I HEREBY CERTIFY. That I attended deceased from Feb 8 . 1933. to Feb 8 . 1933

I last saw h[illegible] alive on Feb 8 . 1933 Death is said to have occurred on the date stated above, at 11-55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2/8/33
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Ralph D. Jack M. D.
(Address) Johns Hopkins Hospital.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87744 — CERTIFICATE OF DEATH — 131 E 87744

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Penitentiary 10-01 ST., WARD)

2—FULL NAME Frederick Douglas.

(a) RESIDENCE NO. Frederick, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
about	43	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mabel West

(Address) Clinton Alley - Frederick Md

15 Date received 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933, to Feb 11, 1933.

that I last saw him alive on Feb 11, 1933

and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) 0 yrs. 0 mos. 24 plus ds.

CONTRIBUTORY (Secondary) nephritis. Chr. interstitial

(duration) 0 yrs. 0 mos. 24 plus

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No (maybe)

What test confirmed diagnosis? Usual

(Signed) John F. Anchy, M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U. of M. Med College	Feb 17th 1933
20 UNDERTAKER	ADDRESS
[illegible] Health.	

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

87745 E 87745

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 W Lombard St. 19-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm H. Grammer

(a) Residence: No. 1509 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or WIFE of) Cora Clark.

6. DATE OF BIRTH (month, day, year) March 4, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53	11.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General. 013

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Swope Va.

FATHER

13. NAME John Grammer.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Sarah Emerys

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Cora Grammer
(Address) 1509 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 2/18/33 19....

19. UNDERTAKER Bernard C. Hartke
(Address) 1005 S. Paca St

20. FILED ~~Thurlington Williams M.D.~~ Registrar.

7 1933

OCPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1932 to Feb 16, 1933

I last saw him alive on Feb. 16, 1933 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	2/14/33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. Campbell M. D.

2/17/33 (Address) 1644 Hanover St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M. & T.—100 B—50L

E 87746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87746

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 3-01 (WARD)

2-FULL NAME Phillip Yancey

(a) RESIDENCE NO 909 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer unk Ward

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER Edward Yancey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louisa Claiborne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Charles Stern

(Address) Edgemere Balto Co

Filed 1933 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia R. Lower Lobe

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hemorrhage of apex of R. Lung non T.B. (duration) few hrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death? 909 E Lombard

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenlon, M. D. Coroner

2/16/33 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Feb. 18 1933

20 UNDERTAKER Samuel W. Chase & Son — ADDRESS 6384 Gilmor

171933

TION is very important. See instructions on back of Certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87747 E 87747

CERTIFICATE OF DEATH 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Pearl St. 4-a Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William S. Barnes

(a) Residence: No. 418 N. Pearl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Barnes

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Wisse Hamilton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James S. Barnes (son)
(Address) 3 Washington Ave Westminster, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Elsworth Date Feb 20, 1933

19. UNDERTAKER H. Bankard & Son
(Address) Westminster Md

20. FILED Feb 17 1933 19.... Registrar.

Hamilton Williams N.S.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edgar Tillett M. D.
Coroner

(Address) 134 E Eutaw Balto

Spec.—1-30—M. & T.—250 Bks.

87748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87748

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4606 (St.) Cedar Garden Rd (WARD) 24-W1

2-FULL NAME Virginia Aldridge

(a) RESIDENCE No. 4606 Cedar Garden Rd St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thos Aldridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary C Moffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Bernard Terry

(Address) 4606 Cedar Garden Rd

15 17 Jan 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1933, to Feb 17, 1933,

that I last saw her alive on Feb 17, 1933,

and that death occurred, on the date stated above, at 3.08 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 4606 Cedargarden Rd.

Did an operation precede death? No Date of Feb 17-33

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Frank C. Young, M. D.

2/17, 1933 (Address) 4611 Cedar Garden Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leesburg, Va

DATE OF BURIAL Feb 17, 1933

20 UNDERTAKER Joseph D Cook

ADDRESS 1003 N Eutaw St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87749

CERTIFICATE OF DEATH

93-003 E 87749

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Riverside Ave ST., 24th WARD)

2—FULL NAME Daniel E. Garvey Sr.

(a) RESIDENCE NO. 1444 Riverside Ave ST., 24th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Theresa M. Garvey.

6 DATE OF BIRTH (month, day, and year) April, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	10		

8 OCCUPATION OF DECEASED 015

(a) Trade, profession or particular kind of work Pier repair carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Pile driving scow.

(c) Name of employer Baltimore City Water Board

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John J. Garvey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Anna Dougherty

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Daniel Garvey Jr. (Son)

(Address) 1444 Riverside Ave.

15 Filed FEB 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1933

17 I HEREBY CERTIFY, That I attended deceased from February 8, 1933, to February 15, 1933, that I last saw him alive on February 15, 1933 and that death occurred, on the date stated above, at 11.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic.

(duration) 4 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) J. Henry F. Buettner, M. D.

Feb 16. 1933 (Address) 319 Light St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. A. DATE OF BURIAL Feb. 18- 1933.

20 UNDERTAKER Margaret F. Flynn ADDRESS 1422 Light St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87750

CERTIFICATE OF DEATH

54-085 E 87750

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Lamont Ave. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie W. Sudsburg

(a) Residence: No. 1705 Lamont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Louis J. Sudsburg

6. DATE OF BIRTH (month, day, year) Nov 27* 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Base

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Strasinger

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Joseph Calder

(Address) 1705 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Govans Presbyterian Feb 21st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Feb 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932 to Feby 17 1933

I last saw her alive on Feby 16 1933 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyst left lung - (cover)	11/23/32
Myocardial insuffiency	2/23/33
Other contributory causes of importance: Acute Dilatation heart	2/17/33

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Georgia Bowden M. D.

(Address) 657 E Northern

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87751 E 87751

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Mt Washington

CITY OF BALTIMORE: (No. 1707 Sulgrave ave St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles L Baughman

(a) Residence: No. 1707 Sulgrave ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Baughman

6. DATE OF BIRTH (month, day, year) Oct 9 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Station Penna R.R. Co

10. Date deceased last worked at this occupation (month and year) Feb 14 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Mt Washington Baltimore Md

FATHER

13. NAME Jacob Baughman

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Mary Aldhurst

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ella M. Baughman

(Address) 1707 Sulgrave ave

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Cemetery Date Feb 20, 1933

19. UNDERTAKER Chas. E. Black

(Address) 747 W. Pratt St

Registered Feb 20 1933

171933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1933 to Feb 14, 1933

I last saw him alive on Feb 14th, 1933 death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with	
Acute Dilitation	Feb 16/33

Other contributory causes of importance:

Name of operation not an operation Date of .....

What test confirmed diagnosis? General Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland Ave

M. D. B. 1268-B

E 87752 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87752

CERTIFICATE OF DEATH

Registered No. 54004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital W-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Salen

(a) Residence: No. Hagerstown, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hammer Miller
(Address) Hagerstown md

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Date Feb 18 1933

19. UNDERTAKER
(Address) Hagerstown Md

20. FILED FEB 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12th. 1933 to Feb. 17th. 1933.
I last saw him alive on Feb. 1933 Death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (Pontine)	Nov. 1932
Other contributory causes of importance: Surgical shock	Feb. 17th. 1933

Name of operation Cerebellar decompression Date of 2-17-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Frederick Simmons M. D.
(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87753 E 87753

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 36

CITY OF BALTIMORE: (No. Balto. Md St. 16-0 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Sommers

(a) Residence: No. 724 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Sommers

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. Porter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date 2/18 1933

19. UNDERTAKER A. Archibald & Sons
(Address) 2419 McCulloh St.

This Section to be filled in by Registrar.

8 1933

RPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1933 to 2-16 1933

I last saw h alive on 2-16 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-2-33
Other contributory causes of importance:	
Hypertension	2-13-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-16-33 (Signed) Elmer Higgins M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

M V

87754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87754

CERTIFICATE OF DEATH

212-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Hines

(a) Residence: No. 2516 W. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Hines

6. DATE OF BIRTH (month, day, year) July 10th 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Heilman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary E. Schminger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr. John J. Hines

(Address) 2516 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 2-20 19 33

19. UNDERTAKER John F. Cowan & Son.

(Address) 1921 E. Baltimore St.

... 19 ... Registrar.

18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933, to Feb. 16, 1933

I last saw her alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	2-12-33
Cerebral contusion	"

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2-12, 1933

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell on street

Manner of injury struck down on icy sidewalk

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify no

(Signed) J. Wm. Moore, M. D.

(Address) University Hospital

M. D. B. 1268-9

87755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87755

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Martin

(a) Residence: No. 2834 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) ~~HUSBAND OF~~ WIFE of Dr Patrick Martin

6. DATE OF BIRTH (month, day, year) Nov. 29 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dr. Patrick Martin (Address) 2834 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Mer 6ath Date 2/20 193

19. UNDERTAKER Mary A. Gawthrop (Address) 2839 Rayna

FILED 2 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1933 to Feb 17 1933

I last saw h~~er~~ alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	1927
Bronchopneumonia	Feb 12

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Gardenier M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

M

E 87756

CERTIFICATE OF DEATH

210-001

E 87756

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Freidaricka J. J. Schaper

(a) Residence: No. 26 S. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
54	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John F. Schaper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Franzirka Bartell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Franzirka Schaper

(Address) 26 S. Eden St

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Cem. Date 2-18 1933

19. UNDERTAKER Henry W. Jenkins Sons Co.

(Address) Richard & Caroline

18 1933

20. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19.. to 19..

I last saw h.. alive on inquiry 19.. Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortical Hemorrhage	2/14/33
Other contributory causes of importance: Automobile Accident	2/14/33

Name of operation Decompression Date of 2/14/33

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/14 1933

Where did injury occur? Central Ave & Lombard St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while

Nature of Injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Evans M. D.

Coroner

(Address) 2200 E Monument

Spec.—1-10-21—M&T—1500 Blks.

(Gulbin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

87757

CERTIFICATE OF DEATH.

92-001

E 87757

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 770 Carroll ST. 21-01 (WARD)

2-FULL NAME Catherine C. Gilbin

(a) RESIDENCE NO. 770 Carroll St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 2-1858

7 AGE: Years 74 Months 6 Days 15

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER [illegible] Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Catherine Wielly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Joseph Gulbrie

(Address)

Registered 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Feb. 17, 1933, that I last saw h[illegible] alive on Feb. 8, 1933, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Aortic dilatation & heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm J Schmidt M. D.

2/18. 1933 (Address) 701 N. Howard ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 21 1933

20 UNDERTAKER: Wm Wm Sr & Frank — ADDRESS: 2512 Gilmor

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87758

E 87758

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH
CITY OF BALTIMORE (Good Shepherd Hosp 8-01 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Maxwell
(a) Residence: No. 1812 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. If single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lizzie Maxwell
6. DATE OF BIRTH (month, day, year) 1870
7. AGE Years 62 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) January
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Jamaica W Ind

FATHER
13. NAME Unk
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie M. Jones
(Address) 1240 N. Eden

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 2-18- 1933

19. UNDERTAKER Broom Dramin & Knight
(Address) 218 E Lexington St
Huntingdon Pennsylvania

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 C 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
last saw h... alive on January 9, 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uremia	Two Wks

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Lurk Coroner, M. D.
(Address) Coroner

FILED 2 18 1933

Spec.—1-12-23—M&T—500 Blks.

E 87759 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87759

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739. Jackson. St. ST. 24-01 WARD)

2-FULL NAME Henry Kohlhoff.

(a) RESIDENCE NO. 1739. Jackson. St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------ --------

6 DATE OF BIRTH (month, day, and year) April. 4. 1873.

7 AGE: Years 59 Months 10 Days 11 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Md. Biscuit. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md.

PARENTS

10 NAME OF FATHER: Louis Kohlhoff.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Amelia L. Loetz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Mrs Minnie A. Detzel.

(Address): 1739 Jackson. St.

15 Date received: 2-18-1933. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1933, to Feb. 15th, 1933.

that I last saw him alive on Feb. 15th, 1933

and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Heibel M. D.

2/16, 1933 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Feb 18th 1933

20 UNDERTAKER: E. Schlosnow & Son ADDRESS 1034 Hanover

M. D. B. 1268-6

6 15 p m

HEALTH DEPARTMENT—CITY OF BALTIMORE

87760

E 87760

CERTIFICATE OF DEATH

62

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Edgar Brown

(a) Residence: No. 1306 Glyndon Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Dora M. O'Brien 1891

6. DATE OF BIRTH (month, day, year) Feb 15th 1891 Baltimore

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Baltimore

FATHER

13. NAME Jasper R. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma Ludwig

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Feb 20 1933

19. UNDERTAKER E. Schloman & Son

(Address) 1039 Hanover St

20. FILED 2-18-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1933 to Feb 16th 1933

I last saw him alive on Feb 16th 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure (terminal)	
Chr. alcoholism & diffuse brain & cord involvement.	
Pellagra-like dermatitis & diarrhea.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wendell Munn M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

87617
26991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87761

CERTIFICATE OF DEATH

50

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Jeannette Dacewicz

(a) Residence: No. 228 N Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony

6. DATE OF BIRTH (month, day, year) June 24 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	45	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michel Marchlewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Elce Skarczewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 20 1933

19. UNDERTAKER Martin H. E. Duppel Inc
(Address) 37 E Lanvale St

20. FILED [illegible] 19 [illegible] Registrar.

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Feb 17 1933

I last saw her alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	June 1932
Exhaustion	2-15-33

Other contributory causes of importance:
Metastases to lungs, pleura bronchi and liver and myocardium and bone

Name of operation None Date of

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Stanton McHardy M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. BE SURE INFORMATION IS GIVEN.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87762

E 87762

CERTIFICATE OF DEATH

11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Jail St. 10-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. 2 mos. 2 ds.

2. FULL NAME Alphus Hendry (Alien)

(a) Residence: No. Balt City Jail St., Ward. Jamaica, W. I.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jamaica
(State or country) British West Indies

FATHER

13. NAME Hendry

14. BIRTHPLACE (city or town)
(State or country) Jamaica B. W. I.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Jamaica
(State or country) B. W. I.

17. INFORMANT Alphus Hendry
(Address) Balt City Jail

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb. 18 1933

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 N. Howard St.

20. FILED Feb 18 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on January 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2.13.33
Other contributory causes of importance:	
Influenza	2/6 33

Name of operation none, Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) Tower Chas

M. D. B. 1268-9

87763

HEALTH DEPARTMENT—CITY OF BALTIMORE 87763

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 Orleans st St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna ~~Kirchner~~ Kirchner

(a) Residence: No. 2046 Orleans st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J Kirchner

6. DATE OF BIRTH (month, day, year) Aug 15th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Constantine Stock

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr Louis C Kirchner
(Address) 2025 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date 2/20/1933

19. UNDERTAKER John Ulrich & Sons
(Address) 2008 Orleans St

20. FILED 1933 Feb 20 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 16 th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to Feb 16, 1933

I last saw her alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Endocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. P. Geraghty M. D.

(Address) 1325 N Patterson Pk

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87764

CERTIFICATE OF DEATH

X-92-001

E 87764

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp. St., 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Faye Benchoff
(a) Residence: No. 121 Rasp Ave St., Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Madelyn Benchoff

6. DATE OF BIRTH (month, day, year) June 28, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Edward Benchoff

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Winfred Brown

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs Madaline Benchoff
(Address) 121 Rasp Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Feby 20 1933

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans

Registered Feb 18 1933

Huntingtn Village, Md R.D. 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to Feb 16, 1933

I last saw him alive on Feb 2C, 1933 Death is said to have occurred on the date stated above, at 8 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub Acute Bacterial Endocarditis	
Pulmonary Embolism	Feb 11

Other contributory causes of importance: Rheumatic Cardiac Vasc Disease ?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Goodman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87765

CERTIFICATE OF DEATH

131

E 87765

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 McCulloh St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ridgeway

(a) Residence: No. 2304 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 3 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME W Brown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lottie Powell

(Address) 525 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/19/33 19

19. UNDERTAKER Mrs. Eva E. Holland

(Address) 1631 Druid Hill Ave

20. FILED FEB 18 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1933 to 2-16 1933

I last saw her alive on 2-15 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W B Butler M. D.

(Address) 425 N. Carrollton Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 87766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106 ✓ E 87766

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 535 N. Carey St (St.) Baltimore Lock Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert F. Baskerville

(a) RESIDENCE NO. 535 N. Carey St. (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 12 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary H.

6 DATE OF BIRTH (month, day, and year): Aug. ? 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Robert H. Baskerville

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary H. Baskerville

(Address): 535 N. Carey St

Filed 2/18/1933 Attested by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16-33

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to Feb 17, 1933, that I last saw h[illegible] alive on Feb. 17, 1933 12? 30? M.

and that death occurred, on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Bulgrad M. D.

2/16/33 (Address) 526 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland, N. B.

DATE OF BURIAL: 2/18/33

20 UNDERTAKER: Mrs. George E. Holland

ADDRESS: 1631 Druid Hill Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87767

CERTIFICATE OF DEATH

93-004 E 87767

Registered No.

1. PLACE OF DEATH — Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dz.

2. FULL NAME — Carey Jackson

(a) Residence: No. 239 S. Spring St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Downings, Va

FATHER

13. NAME — John Jackson

14. BIRTHPLACE (city or town) (State or country) — Downings, Va

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Va

17. INFORMANT — Geo. H. Weldon

(Address) Oldhams, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Downings Va Feb 19 1933

19. UNDERTAKER — T. E. Kidson

(Address) 30 E Baltimore St Baltimore Md

20. FILED ... 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15/33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficienc	
Other contributory causes of importance:	
Probably Exposure	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. H. Patton M. D.
Coroner

(Address) 508 E Fayette

Alice Mack

Spec. 6-9-19 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87768

E 87768

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Wholecost ST. 15-01 WARD)

2-FULL NAME Alice Mack

(a) RESIDENCE. NO. 1317 Wholecost ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Mack

6 DATE OF BIRTH (month, day, and year) Sept. 14 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Public (Dugs) St Marys Co

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Alexander Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co

12 MAIDEN NAME OF MOTHER Mary Middleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co.

14 Informant (Address) Susan Boyer 1317 Wholecost

15 Filed ..... 19 ..... Registrar

FEB 18 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 15 1933

that I last saw h er alive on Feb 15 1933

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Thos. N. Wright M. D.

2/16 1933 Address) 1209 Presbstreet

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 18 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

87769

CERTIFICATE OF DEATH

✓ 159 E 87769

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Riehl

(a) Residence: No. 301 Nevada St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) 2 | 16 | 35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn, Md

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Milton Riehl

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Alberta Ross

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Feb 18, 1935

19. UNDERTAKER [illegible]
(Address)

FILED ... 19 ... Registrar.

181933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1935, to 2-16, 1935

I last saw her alive on 2-16, 1935 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 24 weeks	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward W. Warren, M. D.

(Address) University Hospital

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

87770

CERTIFICATE OF DEATH

5/13/E 87770

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha G. Sahm.

(a) RESIDENCE NO. 522 N. Castle St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ---mos--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married (or) WIFE of Frederick G. Sahm.

6 DATE OF BIRTH (month, day, and year) February 15, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Major Hurley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Anna L. Farrel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Frederick G. Sahm. (husband)

(Address) 522 N. Castle St.

15 FEB 18 1933 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Uraemia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 522 N. Castle St. February 15, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

2/16/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Memorial P. E. Cem. DATE OF BURIAL Feb. 18 1933

20 UNDERTAKER Mrs. C. Mullen & Son ADDRESS 233 E. Fayette St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87771

CERTIFICATE OF DEATH

E 87771

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Tunbridge Road St., (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William E. Wheeler

(a) Residence: No. 518 Tunbridge Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Wheeler

6. DATE OF BIRTH (month, day, year) July 15/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thompson Wheeler

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Laura MacHeimer

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs. Mary Wheeler
(Address) 518 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lauden Park Date 2/18, 1933

19. UNDERTAKER E. Vernon Lemmon
(Address) Huntington Maryland

2/18/1933
(Filed) ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Gas tube in mouthfrom

Nature of injury range

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Ellis, M. D.
Coroner

(Address) 508 E. Monument

M. D. B. 1268-B

E 87772 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87772

CERTIFICATE OF DEATH

X V23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 St Paul St. 17-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Alexander Piercy

(a) Residence: No. 3204 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Piercy

6. DATE OF BIRTH (month, day, year) June 25-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Master Mason

10. Date deceased last worked at this occupation (month and year) 07?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Piercy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Parks

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Mary J. Piercy
(Address) 3204 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Cresson Pa Date Feb 19 1933

19. UNDERTAKER Chas F. Grant & Son
(Address) 118 W. Mt. Royal Ave

20. FILED 19 Huntington Williams

FEB 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1933 to Feb 18, 1933

I last saw him alive on Feb 14, 1933 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Hemorrhage	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. McElwain M. D.

(Address) 31 E North Ave

OCCUPATION is very important. See instructions on page 2.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87773

87773

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Egoran

(a) Residence: No. 711 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Egoran

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. Egoran

(Address) 1800 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Workmen Circle Cemt Date 2/19, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Baltimore St.

FEB 19 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema Lungs	8 hrs
Cardiac Insufficiency	?

Other contributory causes of importance:

Paresis	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos H Evans Coroner, M. D.

(Address) 5086 Reisterstown Rd

M. D. B. 1268-9

87774 E 87774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-01 ✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ..... St. 5-01 ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Yetta Corman

(a) Residence: No. 1010 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Corman

(Address) 414 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date 2/19 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1217 E Balt st

20. FILED FEB 19 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 4.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage- Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state which .....

(Signed) Jos Haas Coroner M. D.

(Address) 508 E Fayette

M. D. B. 1268-9

E 87775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87775

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Lennedale St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sarah Goldberg

(a) Residence: No. Belvedere & Greenspring Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin

6. DATE OF BIRTH (month, day, year) 1838

7. AGE Years 95 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Cipher

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Dora —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Symund Hurtzfeld

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Date 2/19/33

19. UNDERTAKER Sol Levinson & Bro

(Address) 1027 E. Baltimore St.

20. FILED 2-19-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1933 to 2-17 1933

I last saw h.. alive on 2-17 1933 Death is said to have occurred on the date stated above, at 3 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Diabetes Mellitus	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Edmund Kerr M. D.

(Address) Lennedale

1-30—M. & T.—100 B—50L

E 87776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87776

CERTIFICATE OF DEATH

107-001

20-04

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. ..... Ward .....)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ester Coleman.

(a) RESIDENCE NO 2129 Christian St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) April 10, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Benjamin Coleman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Fannie Block.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Benjamin Coleman. (father)
(Address) 2129 Christian St.

15 Filed ..... 192 ..... Registrar

9 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis.
Oedema and congestion of the Lungs. over
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2129 Christian St. February 18, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H Hennard x, M. D. Coroner

2/18/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd

DATE OF BURIAL 2/19 1933

20 UNDERTAKER Sol Lurnson & Bro

ADDRESS 1127 E Balto st

M. D. B. 1268-9

E 87777

87777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 St Paul St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Lollie Wagner

(a) Residence: No. 817 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17th, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Chas Wagner

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ann McGrath

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Miss Florence Wagner
(Address) 817 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 20th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED [illegible] 19 [illegible] Registrar.

FEB 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932 to Feb 17 1933

I last saw h[illegible] alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Name of operation Amputation Date of 2 days

What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. Wade Baer, M. D.

(Address) [illegible]

M. D. B. 1268-9

87778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87778

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6301 Park Heights Ave. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Hannah Strauss

(a) Residence: No. 6301 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Strauss

6. DATE OF BIRTH (month, day, year) About 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Abraham Selz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nannette Hirsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. H. Strauss
(Address) 6301 Park Heights Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Feb. 19, 1933

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED Feb 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1930 to Feb 18, 1933

I last saw h. alive on Feb 18, 1933. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Sept 1930

Other contributory causes of importance:

Arterio - sclerosis	1920
Hypertension	1920

Name of operation Date of

What test confirmed diagnosis ? Was there an autopsy ?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ? Date of injury , 19

Where did injury occur ?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased ?
If so, specify

(Signed) Jennie Hutzler M. D.

(Address) 1810 Eutaw Place.

Spec.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87779

87779

CERTIFICATE OF DEATH.

23

REGISTERED NO. 2640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 Madison Ave St., 11-01 Ward)

2-FULL NAME Annie Rooney

(a) RESIDENCE NO. 913 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18, 1916

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	16	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Walterboro S C

PARENTS

10 NAME OF FATHER Harrison Rooney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Walterboro S C

12 MAIDEN NAME OF MOTHER Annie May Chisolm

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Walterboro S C

14 Informant Annie Rooney

(Address) 913 Madison Ave

15 Filed ..... 19 ..... Registrar

FEB 19 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1933, to Feb 17, 1933, that I last saw h[illegible] alive on Feb 16, 1933, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm A. Wirth, M. D.

193 (Address) 5152 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Feb 20 1933

20 UNDERTAKER ADDRESS

Thomas E Whyte 700 N Carrollton Ave

87780 68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87780

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Pinewood Ave St.) 27-24 (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Barton

(a) Residence: No. 2912 Pinewood Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna M. Barton

6. DATE OF BIRTH (month, day, year) July 29-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 yrs.	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea faring

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Augustus Barton

14. BIRTHPLACE (city or town) (State or country) new Jersey

MOTHER

15. MAIDEN NAME Anne Cornelius

16. BIRTHPLACE (city or town) (State or country) new York

17. INFORMANT Anna M. Barton (Address) 2912 Pinewood

18. BURIAL, CREMATION, OR REMOVAL Place Jersey City N J Date 2/20-33

19. UNDERTAKER John J Fellnick & Co (Address) 2008 Orleans

19. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15-, 1931, to Feb 18, 1933. Death is said I last saw him alive on Feb. 18, 1933. Death is said to have occurred on the date stated above, at 4.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926.
Other contributory causes of importance: Oedema of Lungs	Feb 15-33.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) Lemar Pirotte M. D.

(Address) 5202 Wisconsin Ave.

M. D. B. 1268-9

E 87781

E 87781 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 St. Alban's Way. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis X. Murphy.

(a) Residence: No. 106 St. Alban's Way. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21st. 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	3	1-6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME V. Paul Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ray Carey Murphy

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland.

17. INFORMANT V. Paul Murphy
(Address) 106 St. Alban's Way Homeland

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery, Feb. 20" 19 33

19. UNDERTAKER Chas. H. Nauert & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932 to Feb. 17, 1933

I last saw h. alive on Feb. 17, 1933 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Dec 1932

Other contributory causes of importance: Probable Sepsis, Nose Phlegmon

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frederick Mebleson M. D.

(Address) 1609 Linden Ave.

M. D. B. 1933

87782

E 87782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

27-31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5220 York Road St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James M. Tighe

(a) Residence: No. 5220 York Road St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Campbell Tighe

6. DATE OF BIRTH (month, day, year) December 18th. 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Tighe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kilbride

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Kate Campbell Tighe

(Address) 5220 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Govans Feb. 20" 33

19. UNDERTAKER Chas. H. Evans & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17th. 19 33

22. I HEREBY CERTIFY, That I attended deceased from June, 19 30 to Feb 17, 19 33

I last saw h.. alive on Feb 16, 19 33 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1925
Other contributory causes of importance:	
fracture of r. femur	2/9/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Contributory Accident

Where did injury occur? 5220 York Road

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home-slipped and fell in hall-way 2nd floor

Manner of injury J. S. Howes

Nature of injury Fracture right femur at hip

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) 1810 Eutaw Pl.

MD 87783 Pomerantz ✓ FRB 87783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Pum Ave St., 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Hannah Pomerantz

(a) Residence: No. 2311 Pum Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Zelman

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Lena Levy
(Address) 1439 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem. Pk. Cem. Date 2-19-33, 19

19. UNDERTAKER Mrs. Lena Levy
(Address) 1439 E. Baltimore St

FEB 19 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Feb 18, 1933

I last saw h.. alive on Feb 15, 1933. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Nathan J. Davidov, M. D.

(Address) 3228 Reisterstown Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87784

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Minna Bernstein

(a) Residence: No. 2257 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Max Bernstein

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cem Date 2-19-33

19. UNDERTAKER Jack Levin Bro
(Address) 1434 E Balto St.

20. FILED 19 Registrar

FEB 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Feb 17, 1933

I last saw h alive on Feb 17, 1933 Death is said to have occurred on the date stated above, at 4 18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 1 33
Cystitis Cortis	Jan 17 33

Other contributory causes of importance:

Hypertension	

Name of operation Appendectomy Date of Jan 31

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. S. Simmons, M. D.

(Address) University Hospital

M. D. B. 1268-9

E 87785

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87785

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Julius Lasarge

(a) Residence: No. 2202 W. North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE~~ of Rae

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Lasarge

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Anna Seitz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT S. S. Lasarge Son

(Address) 2212 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bait. Hebrew Cem. Date 2-19-33 19....

19. UNDERTAKER Goldsmith Bros Inc

(Address) 1439 E. Baltimore St

20. FILED ..... 19.... ..... Registrar.

FEB 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1933, to Feb. 18, 1933

I last saw him alive on Feb. 18, 1933 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Bronchopneumonia

Pulmonary Edema

Myocardial Failure

Name of operation Exploratory Date of 2-7-33

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

87786 **HEALTH DEPARTMENT—CITY OF BALTIMORE** Magyar 87786

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Decatur St. 24-ol (Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Michael Magyi

(a) Residence: No. 1419 DeCatur St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gloss

6. DATE OF BIRTH (month, day, year) Dec. 27. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Untrd St. Lab. Co

10. Date deceased last worked at this occupation (month and year) 7/1925

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Andrew Magyi

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Elizabeth Berger

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs Mary Magyi
(Address) 1419 DeCatur

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date 2/21 1933

19. UNDERTAKER Charles L. Storms
(Address) 1501 Fort Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1933

22. I ~~HEREBY~~ CERTIFY. That I attended ~~deceased~~ from Feb 12th 1933 to Feb 18th 1933

I last saw ~~him~~ alive on Feb 17th 1933 Death is said to have occurred on the date stated above, at 10½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/12/33
Other contributory causes of importance: Bronchopneumonia	2/16/33

Name of operation None Date of.....

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) Harry Weibel M.D.

2/18 53 (Address) 1224 26 Hanover St

Spec.—6-9-19—H. P. Co.—1000 Bks.

87787 — Krueger ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87787

CERTIFICATE OF DEATH.

97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Eutaw Pl St. 13-01 WARD)

2-FULL NAME Anna T. Krueger

(a) RESIDENCE. No. 2320 Eutaw Pl St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Herman W. Krueger

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr Herman Krueger

(Address) 2320 Eutaw Pl

15 Filed . 19 Hilliard Huntington Hilliard Registrar

19 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5th, 1932, to Feb. 18th, 1933, that I last saw her alive on Feb. 18th, 1933, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) General arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lazinberg, M. D.

2/18, 1933 (Address) 2320 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Feb 21 1933

20 UNDERTAKER Charles L. Storms ADDRESS 1501 E. Fayette

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87788 HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 87788

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Russell Knight

(a) Residence: No. 1127 Bayard St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Odenton, Md

FATHER

13. NAME Dennis Knight

14. BIRTHPLACE (city or town) (State or country) Odenton, Md

MOTHER

15. MAIDEN NAME Pearl Vermillion

16. BIRTHPLACE (city or town) (State or country) Woodbrough, Md

17. INFORMANT Dennis Knight
(Address) 1127 Bayard st

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 2/19/33 19

19. UNDERTAKER Bernard Ritchie & Son
(Address) 20 N Paca St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from
March 19 ..... to ..... 19 .....
I last saw H alive on March 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	2/16/33
Other contributory causes of importance:	
Automobile Accident	2/16/33

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/16/1933

Where did injury occur? Washington Blvd Carey St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while riding Tricycle

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2222 E Madison St

10—M. & T.—100 B—50L

87789

E 87789

94-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 14-06 WARD)

2-FULL NAME Edward Milton Wilson

(a) RESIDENCE NO 1502 Mt. Royal Avenue ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Harcum

DATE OF BIRTH (month, day, and year) Feb. 28, 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	11	14 21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Charles Wilson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Marion Kelly

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) At. Sea

14 Informant Edward W. Wilson

(Address) 4137 Norfolk Avenue

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Coronary Thrombus

(duration) Sudden yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History & Case

(Signed) James M Hunter, M. D. Coroner

2/18, 1933 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/20 19

UNDERTAKER John A. Moran Son ADDRESS 3000 E

Filed Feb 19 1933 Hunting Williams, Registrar

M. D. B. 1268-2

87790 E 87790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Cat. St. 11-A Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John J. McCaffrey

(a) Residence: No. S. W. Cor. Cathedral & Madison Sts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Michael McCaffrey

14. BIRTHPLACE (city or town) --------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Cassidy

16. BIRTHPLACE (city or town) --------
(State or country) Ireland

17. INFORMANT Mrs. Regina F. Riehl
(Address) 3416 Dupont Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/21 1933

19. UNDERTAKER Henry H. Mears and Son
(Address) 503 N. Eutaw St.

20. FILED 19133 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1933 to 2-18 1933

I last saw h[illegible] alive on 2-18 1933. Death is said to have occurred on the date stated above, at 5:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 wks. ago
Other contributory causes of importance:	
Generalized Arteriosclerosis	?
Terminal bronchial pneumonia	

Name of operation ---------- Date of ----------

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---------- Date of injury ---------- 19----

Where did injury occur? ----------
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----------

(Signed) W. Alfred Van Arsdale M. D.

(Address) St. Agnes Hosp.

M. D. R. 1265-9

87791 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87791

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 W Monument St. 11-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. 88 / 20 ds.

2. FULL NAME Jane Elizabeth Buxton

(a) Residence: No. 103 W Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Col. J. H. Buxton

6. DATE OF BIRTH (month, day, year) Dec 25 1844

7. AGE: 88 Years | 1 Months | 24 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation June

12. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

13. NAME Ann Cecil Buxton

14. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

15. MAIDEN NAME Jane Elizabeth

16. BIRTHPLACE (city or town) (State or country) Fred. Co. Md

17. INFORMANT Mrs Annette E. Buxton Daughter
(Address) 103 W Monument St

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Feb 21 1933

19. UNDERTAKER Stewart & Mc Intire Co
(Address) 108 W Franklin St

20. FILED FEB 21 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1933 to Feb 17 1933

I last saw her alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio sclerosis with senile dementia	Intermittent attacks for past 2 yrs
Other contributory causes of importance: Myocardial insufficiency	2 yrs

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) [illegible] M. D.

(Address) 1403 Park Ave

E 87792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87792

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Gulford Ave St. 17-91 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick J. Vaughan

(a) Residence: No. 2202 Gulford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Alice Kilroe

6b. DATE OF BIRTH (month, day, year): 1853

7. AGE — Years: 80 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 188

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Joseph Vaughan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. John Vaughan

(Address): Spring Point

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place: Cathedral Cemetery Date: Feb 20 1933

19. UNDERTAKER: Mary M. Weisfeld & Son

(Address): 421 E. Fayette St.

20. FILED: ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 17 1933

22. I HEREBY CERTIFY, That I attended deceased from February 16 1933 to February 17 1933

I last saw him alive on February 17 1933 Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acardiac Heart Disease	unknown
Other contributory causes of importance: Heart failure	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Reginald J. Tonry M. D.

(Address) 414 E. North Ave

M. D. B. 1268-9

87793 E 87793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Fox

(a) Residence: No. 415 S Decatur St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine E. Fox

6. DATE OF BIRTH (month, day, year) Feb 3 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Fox
(Address) 415 S Decatur St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feb 20 1933

19. UNDERTAKER John C. Miller
(Address) 2335 E. Oliver St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronch. Pneumonia	

Other contributory causes of importance:

Accidental Fracture of Hip	
Falling down steps	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 10 1933

Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipping & falling down steps

Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. Pleasants M. D.
Coroner

(Address) 1303 E. Fallsway

1-30—M. & T.—100 B—50L

87794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87794

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S Edon St ST. 3-01 WARD)

2-FULL NAME Fred Grasse

(a) RESIDENCE NO 334 S Eden St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theresa Grasse

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fruit Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 04 5
(c) Name of employer self

9 BIRTHPLACE (city or town) Italy
(State or country)

PARENTS

10 NAME OF FATHER Fefimia Grasse.

11 BIRTHPLACE OF FATHER (city or town) Italy.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Agnes Grasse

(Address) 334 E Pratt St

15 Filed 20 1933 Washington Livingston M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. Hergerroder, M. D. Coroner

Oct 17, 1933 (Address) 325 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park

DATE OF BURIAL Oct 20 1933

20 UNDERTAKER Frank Siegel

ADDRESS 1500 E. Eden

THIS IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-0

87795

HEALTH DEPARTMENT—CITY OF BALTIMORE

87795

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Un. of Maryland Hosp. St. 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME George J Newton

(a) Residence: No. 3110 J Wylie Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M. Saved

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Maria Newton

6. DATE OF BIRTH (month, day, year): 9/28/87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel Foundry Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Samuel Newton

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sarah ?

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. Nettie E Meredge

(Address): 216 E Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Montpelier, Md. Date: Feb 20, 1933

19. UNDERTAKER: J. J. Pickrodt & Sons

(Address): North Gay St

20. FILED: Feb 20 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933, to Feb 17, 1933

I last saw h... alive on Feb 17, 1933. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocard. d. & Nature tentary Ives	1931. 132

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Manner & Scalist M. D.

(Address) Un. of Maryland Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

87796 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87796

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 St. Paul St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Theresa Bannon

(a) Residence: No. 3026 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jessup Md.

FATHER

13. NAME Michael Bannon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eveline Clark

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Jos. D. Bannon Jessup Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jessup Md. Date Feb. 19. 1933

19. UNDERTAKER Wm Fletcher Sons
(Address) North & Pa

Huntingtown Williams M.D.
Registrar

FILED FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1933, to Feb 17, 1933

I last saw her alive on February 17, 1933. Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	not known
Other contributory causes of importance:	
Acute Cardiac Dilatation	2/17/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank J Ayd, M. D.

(Address) 200 E. Fayette St.

M. D. E. 1268-9

E 87797

E 87797 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Sumter Ave St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 23 How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sarah Elizabeth Blake

(a) Residence: No. 1610 Clifton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Blake

6. DATE OF BIRTH (month, day, year) June 25, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Morrell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry A. Cohn
(Address) 3121 Sumter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb. 20, 1933

19. UNDERTAKER Wm. Hickey Sons
(Address) North & Paca Sts

20. FILED FEB 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to Feb 16, 1933

I last saw h[illegible] alive on Feb 16, 1933. Death is said to have occurred on the date stated above, at 10.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis and myocarditis	?
Other contributory causes of importance:	
Acute Cardiac Dilatation	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Place

E 87798

M 87798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 87-001

Registered No. 415-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Walbrook Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Moore Search

(a) Residence: No. 3032 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 8, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	63	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 68

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Newton Search

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Hamilton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary D. Knell

(Address) 4207 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 21, 1933

19. UNDERTAKER Thos. Tyler Sons

(Address) Hook & Edmondson

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 32, to Feb 19, 1933

I last saw her alive on Feb 19, 1933. Death is said to have occurred on the date stated above, at 1.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-1933
Other contributory causes of importance: Chronic Art. Sclerosis	

Name of operation none Date of .....

What test confirmed diagnosis? Blood pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M A. Knell, M. D.

(Address) 4207 Frederick Ave.

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

B-01033

Spec.—1-10-21—M&T—1500 Blks.

87799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87799

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Overlea Rd ST. 15-01 WARD)

2-FULL NAME Jacob Smith

(a) RESIDENCE NO. 3520 Overlea ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Smith

6 DATE OF BIRTH (month, day, and year) Feb 5 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	69		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Goldie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Smith

(Address) 3520 Overlea Rd

15 Filed FEB 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Feb 19, 1933, that I last saw h.. alive on Feb 19th, 1933, and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia dilatation Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph Becker M. D.

2/19 1933 (Address) 325 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 2/20 1933

20 UNDERTAKER Sol Furnior & Bro

ADDRESS 1127 E Balto St

TION IS very important. See instructions on back of certificate.

M. D. B. 1269-9

87800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87800

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 13-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Freeman

(a) Residence: No. Edward 61 Brookfield ave & Whitelock Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	2	25 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Morris Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Valiasky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Freeman
(Address) Edwards Apts

18. BURIAL, CREMATION, OR REMOVAL
Where Woodlawn Rd Date Feb 20 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1211 E Balto St

20. FILED Feb 20 1933 Huntington Ave Cemetery Night

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1933 to Feb 19 1933

I last saw him alive on February 19 1933. Death is said to have occurred on the date stated above, at 7 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Pericarditis	3 weeks
Empyema of Lung (Left)	1 month
Cardiac Insufficiency	2 weeks
Other contributory causes of importance:	
Broncho pneumonia	5 weeks

Name of operation Pericardiotomy Date of Jan 24 1933

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Levin M. D.

(Address) Lenox Apts

OCCUPATION is very important. See instructions on back of certificate.

FEB 20 1933

M. D. B. 1268-9

87801 HEALTH DEPARTMENT—CITY OF BALTIMORE 87801

CERTIFICATE OF DEATH

+98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Russell L. Fisher

(a) Residence: No. Pasadena A. A. County St., ... Ward. Pasadena, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Iris M. Fisher

6. DATE OF BIRTH (month, day, year) Sept. 14, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Fisher

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bessie Swift

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Iris M. Fisher
(Address) Pasadena, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Magothy, A. A. County Date Feb. 22, 1933

19. UNDERTAKER E. Leroy Stables, Inc.
(Address) 1256 Montana St.

20. FILED [illegible]
(Date)

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932 to Feb. 19, 1933

I last saw h[illegible] alive on Feb 19, 1933 Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected gangrene of foot	10-32
Septicemia	1-33
Multiple abscess	2-33

Other contributory causes of importance:

Name of operation Amputation thigh Date of 1-25-33

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
no If so, specify .....

(Signed) J. Owen Moore M. D.

(Address) University Hospital.

M. D. B. 1268-9

87802 HEALTH DEPARTMENT—CITY OF BALTIMORE 87802

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 254 Pine St. H-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecelia Jamison

(a) Residence: No. 254 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 31 1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56	— 6	— 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Ont

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles W Harrison

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliza Marbury

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles Harrison
(Address) 254 N Pine St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 2/20 1933

19. UNDERTAKER Samuel T Hemsley
(Address) 528 W Biddle St

20. FILED 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 6 1933 to Feby 15 1933

I last saw her alive on Feby 12 1933 Death is said to have occurred on the date stated above, at 10-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema	
Nephritis	

Other contributory causes of importance:

—

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Frank E. Hagner M. D.

(Address) 628 Cathedral

Spec.—2-29-32—L. F. S.—500 Blks.

87803

Charles Soden

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87803

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH Houser

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 846 Houser ST. 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Soden

(a) RESIDENCE NO. 846 Houser ST. .... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S., if foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known.

6 DATE OF BIRTH (month, day, and year): June 1866

7 AGE: Years 66 | Months 8 | Days — | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(r) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) .... (State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) .... (State or country): Not Known

14 Informant: Charles Soden

(Address): 648 Houser St.

15 Filed .... 19.. Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/17/33

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Feb 17, 1933, that I last saw h.. alive on Feb 17, 1933 and that death occurred, on the date stated above, at 440 A m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) .... yrs. .... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. H. Hamilton M. D.

19 (Address) 50 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn Cemetery	February 21 1933
20 UNDERTAKER	ADDRESS
Joseph A. Lively	709 North Mount St

M. D. B. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE 37804

37804 V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 18-al Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Nichols

(a) Residence: No. ~~911~~ Vine st. 1011 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Moses Nichols

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/20 19 33

19. UNDERTAKER Rayner Sanders
(Address) 1443 E. Preston St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 19 33

22. I HEREBY CERTIFY, That I attended deceased from January 12 19 33 to February 14 19 33

I last saw him alive on February 14, 19 33 Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7/1932
Pleurisy with Effusion	11/1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Bennett A Stoen M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87805

E 87805

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E. 24th st ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Shuck Trussell

(a) RESIDENCE NO. 118 E. 24th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Homer W Trussell

6 DATE OF BIRTH (month, day, and year) July 13-1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 74	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cumberland (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Shuck

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Hannah Shipley

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Miss Lucille Trussell

(Address) 118 E. 24th st

15 Filed Feb 20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19-33

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 th, 1933, to Feb 19, 1933, that I last saw h alive on Feb 19 th 1933 and that death occurred, on the date stated above, at 1300 A m.

The CAUSE OF DEATH* was as follows:—

Pneumonia Broncho

(duration) X yrs. X mos. 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) W Van Kellogg, M. D.

, 19 (Address) 3200 Leverod

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md

DATE OF BURIAL Feb 20th 1933

20 UNDERTAKER Chas. E. Franck

ADDRESS 801 Madison Ave

M. D. B. 1268-9

87806 E 87806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Hawthorne Road St. 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sara V. Kenly

(a) Residence: No. 407 Hawthorne Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of ---------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/8/1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Visiting nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.H.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

FATHER

13. NAME James F. Kenly

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Sarah V. Hanway

16. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

17. INFORMANT Mr. Leroy H. Kenly
(Address) 315 E. University Pky.

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen, Md. Date 2/20/33 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) Liggett Estate Bldg

FILED 2 20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1932, to Feb. 18, 1933
I last saw her alive on Feb. 17, 1933 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas —	
Other contributory causes of importance: —	

Name of operation None — Date of —

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jonson M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

87807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 87807

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Crockett

(a) Residence: No. 3509 Liberty Heights St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1/2 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W Crockett Jr

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Frazier

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Crockett (Father)
(Address) 3509 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Longview Park Date Feby 20 1933

19. UNDERTAKER John O Mitchell & Son
(Address) 1900 Eastern Ave

20. FILED Feb 20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933 to Feb 19, 1933

I last saw him alive on Feb 19, 1933 death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thomas Peace M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

87808 E 87808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 10-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Levis

(a) Residence: No. 1232 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sing.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 10, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Joseph Levis

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Rose Hickey

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

17. INFORMANT Joseph Levis
(Address) 1232 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Cathedral Date 2/21/33 19...

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933 to Feb 19, 1933

I last saw he alive on Feb 19, 1933 Death is said to have occurred on the date stated above, at 1.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria (Toxic) (Faucial) (Laryngeal)	Feb 15
Myocarditis	

Other contributory causes of importance:

Name of operation Tracheotomy Date of Feb 18

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry Ackman M. D.

(Address) Sydenham Hospital

1-30—M. & T.—100 B—50L

87809

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87809

CERTIFICATE OF DEATH

V 59

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. ST. 19-21 WARD)

2-FULL NAME Ellen T. Moran.

(a) RESIDENCE No 1719 N. Fayette St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- ds. How long in U. S., if of foreign birth? 50 yrs. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 6, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Moran.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Nancy Llyons.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Miss Mamie Feeley..
(Address) 1719 N. Fayette St.

15 Filed B 29 1933 Interring in Williams NC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 18, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Uraemia.
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1719 N. Lexington st.
February 14, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemhard, M. D.
Coroner

2/18/33 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Feb 21 1933

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N. Eutaw

M. D. B. 1268-9

E 87810

E 87810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Lakewood Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Brunner

(a) Residence: No. 721 N. Lakewood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie May Brunner

6. DATE OF BIRTH (month, day, year) Aug 17-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Brunner

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Jessie May Brunner (Address) 721 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Feb. 20 1933

19. UNDERTAKER Philip Herwig (Address) 2516 Orleans St.

Filed Feb 21 1933 Registrar.

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Feb 17 1933

I last saw him alive on Feb 17 1933. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Feb 1-3

Other contributory causes of importance:

Carcinoma Liver & Stomach	5

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ann B Lennan M. D.

(Address) 718 N Patterson Park Ave

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9

87811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87811

CERTIFICATE OF DEATH

✓ 210-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Dora Nadich

(a) Residence: No. 144 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: BUSHAND of (or) WIFE of Anna Nadich

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O S O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Nadich

(Address) 2213 Mordawmon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Friendship Date 2-20 1933

19. UNDERTAKER Jack Segura Inc

(Address) 1739 E Baltimore St

B 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	2/16/33
Internal Injuries	
Other contributory causes of importance:	
Struck by automobile	2/16/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/16 1933

Where did injury occur? Fayette & Washington St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Madison St

Spec.—8-16-29—L. F. S.—100 Bks.

87812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87812

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto, Md

REGISTERED NO.

CITY OF BALTIMORE: (No. 2505 W. Lanvale St ST. 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Mary Regina Bedford

(a) RESIDENCE NO. 2505 W. Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb 3 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Mr. John H. C. Bedford

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine E. Hubbard

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Father

(Address) 2505 W. Lanvale St.

15 Filed FEB 20 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept, 19 32, to Feb, 19 33,

that I last saw her alive on Feb 18, 19 33

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Glomerular Nephritis (Non Specific)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Pericarditis, Chronic

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. J. Geraghty, M. D.

19 (Address) Eastland Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	2/22 1933

20 UNDERTAKER Fred K. Cole

ADDRESS 1200 W. Lombard St.

M. D. R. 1268-9

87813

HEALTH DEPARTMENT—CITY OF BALTIMORE

87813

CERTIFICATE OF DEATH

X 121 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 20 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence M. Russell

(a) Residence: No. Mt. Vista Md St., Ward. Glen Arm, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry W. Russell

6. DATE OF BIRTH (month, day, year): June 8, 1882

7. AGE: Years 50 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Eisenhock

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elizabeth Coe

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Harry W. Russell

(Address): Glen Arm P.O. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: York M.E. Cemetery Date: Feb. 22 1933

19. UNDERTAKER: C. E. Arthur

(Address): York Md.

FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933 to Feb. 20, 1933

I last saw her alive on Feb. 19, 1933. Death is said to have occurred on the date stated above, at 3:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	1932
Peritonitis	2-16-33
Pulmonary embolism	2-20-33

Other contributory causes of importance:

Name of operation: appendectomy Date of: 2-2-33

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) A. Ebner Moore, M. D.

(Address) University Hospital.

M. D. B. 1265-9

87814

HEALTH DEPARTMENT—CITY OF BALTIMORE

87814

CERTIFICATE OF DEATH

79-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Ingraham

(a) Residence: No. 667 N Fairmount St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marriage

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Va

FATHER

13. NAME Joseph Ingraham

14. BIRTHPLACE (city or town) ...
(State or country) U S A

MOTHER

15. MAIDEN NAME Julia

16. BIRTHPLACE (city or town) ...
(State or country) Va

17. INFORMANT Mrs A E Ingraham
(Address) 667 N Fairmount St

18. BURIAL, CREMATION, OR REMOVAL
Place W. M. Cem. Date Feb 20, 19...

19. UNDERTAKER W. J. Fiddler
(Address) 216 N. Biddle St

20. Filed ..., 19... Registrar.

2201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Spinal Meningitis	
(Cause)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1305 Mt Hope Ave

AACo. 5-11 250R

E 87815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87815

CERTIFICATE OF DEATH

Registered No. 87-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 956 N. Collington Ave. Ward) Hospital

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B. Trench

(a) Residence: No. 956 N. Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine French

6. DATE OF BIRTH (month, day, year) Dec. 18-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	46	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 56

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas J. French

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Butler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Katherine French
(Address) 956 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Febry 1. 19 33

19. UNDERTAKER Geo M Zaiko & Son
(Address) 844 N Eutaw St

20. FILED Feb 1 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933 to Jan 17, 1933

I last saw him alive on Jan 17 1933 death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/11/33
	/ /

Other contributory causes of importance:

Cardiac Paralysis	2/17/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Kyaner M. D.

(Address) 801 N Eutaw St

M. D. B. 1268-9

E 87816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87816

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hubert Haley

(a) Residence: No. 3127 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/21/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8 1/2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Haley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucille Barnacle

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Feb 20, 1933

19. UNDERTAKER St. Stanislaus Cemetery
(Address) 1000 S. Kenwood Ave

20. FILED ..... 19 ..... Registrar.

FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Feb 18, 1933

I last saw h... alive on Feb 15, 1933. Death is said to have occurred on the date stated above, at 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	2-1-33
Pneumococcus Meningitis	2-15-33

Other contributory causes of importance:

Nasopharyngitis	1-29-33
Otitis Media	1-30-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward J. Mela M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

87817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87817

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Collington AVE 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Affayroux

(a) Residence: No. 625 N. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Affayroux

6. DATE OF BIRTH (month, day, year) Sept. 3, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F. Affayroux

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lizza O'Hara

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary C. Affayroux
(Address) 625 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 21, 33 19....

19. UNDERTAKER Mrs. E. Millington
(Address) 2334 Eutaw St

20. FILED FEB 20 1933 19....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1933, to February 17, 1933.

I last saw h.. alive on February 17, 1933. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
	Intermus

Other contributory causes of importance:

Bronchopneumonia	2/11/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank J. Lloyd M. D.

(Address) 200 S. E. Lemmont St

M. D. B. 1268-9

7818

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87818

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Arlington Ave St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Annie M. Keller

(a) Residence: No. 905 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Keller

6. DATE OF BIRTH (month, day, year) Dec 7/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila., Pa.

FATHER

13. NAME James Magarahan

14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Andrew J. Keller
(Address) 905 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Mem. Date Feb 21, 1933

19. UNDERTAKER George W. Zurbrugg
(Address) 1707 E Eager St.

FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jos. H. Carey M. D.
Coroner

(Address) 506 E Mt. Royal Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87819

CERTIFICATE OF DEATH

82 E 87819

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Highland Ave. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elise H. Meiners

(a) Residence: No. 524 N. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Meiners

6. DATE OF BIRTH (month, day, year) June 15, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Held

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Meiners

(Address) 524 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date Feb. 20. 1933

19. UNDERTAKER H. SANDER & SON, J. Sanders

(Address) Broadway & Baltimore Sts.

FEB 20 1933 Huntington Hillmeyer, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Feb 16 1933

I last saw her alive on Feb 16, 1933. Death is said to have occurred on the date stated above, at 9.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Gradual

Other contributory causes of importance:

Cerebral Hemorrhage	2/12/33

Name of operation Date of

What test confirmed diagnosis Disease Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2/18/33 (Signed) H. H. Litton M. D.

(Address) 31 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

M C

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87820

E 87820

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial St. None Ward)

2-FULL NAME Sidney G. Moran.

(a) RESIDENCE NO. 104 E. 20th St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes W. Moran

6 DATE OF BIRTH (month, day, and year) May 15, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Agnes W. Moran.

(Address) 104 E. 20th St.

Date Received FEB 20 1933 Registrar Huntington Williams M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. ds.

(Signed) Joseph Sokorny M. D. (Coroner)

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) Decompression Operation 2/17/33

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Struck by auto while crossing North Ave at McMechen

Former or usual residence Feb 17th on foot.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

Date of Burial Feb 21, 1933

UNDERTAKER Thanhouser & Son

ADDRESS 3615-17 Christmas Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

E 87821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87821

CERTIFICATE OF DEATH

82-004

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 Mulberry ST. 13-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah B. Fishman

(a) RESIDENCE NO. 605 Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman F. Fishman

6 DATE OF BIRTH (month, day, and year): April 24 1854

7 AGE: Years 78 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Danville Pa

PARENTS

10 NAME OF FATHER: Jacob Dorb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fannie Dorb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs D. S. Strasburger

(Address): 605 Mulberry St

15 Filed: [illegible] Registrar

B 20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 19th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1933, to Feb. 19th, 1933,

that I last saw h.er alive on Feb 19th, 1933

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Right Hemiplegia "Cerebral"

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Eugene Douglass, M. D.

, 19 (Address) 3043 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cemetery

DATE OF BURIAL: Feby 21st 1933

20 UNDERTAKER: Edward Sondheimer Son

ADDRESS: 1405 Eutaw Place

AaCo. 5-31 250B

87822 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87822

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2815 Goodwood Rd St. 27-61 (Ward)

Length of residence in city or town where death occurred W yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emlen Pope

(a) Residence: No. 2815 Goodwood Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Pope

6. DATE OF BIRTH (month, day, year) Sept 3 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John Bonfacino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Emley C ?

16. BIRTHPLACE (city or town) (State or country) Dayton Ohio

17. INFORMANT J. T. Irby
(Address) 2815 Goodwood Rd

18. BURIAL, CREMATION, OR REMOVAL Salem Rush Co. Ind Date Feb. 20 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Cathedral & Hamilton Baltimore, Md

201933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1933 to Feb. 18 1933

I last saw h[illegible] alive on Feb. 17 1933 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Nov. 1932
(Much Longer Duration but history unobtainable)	
Other contributory causes of importance: Carcinoma of brain (metastatic)	Dec. 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George M. Smith, M. D.

2/18-33 (Address) 2435 Maryland Ave.

M. D. B. 1268-9

E 87823

HEALTH DEPARTMENT—CITY OF BALTIMORE

87823

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 161 S. Dunkley St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berkley C. Moore

(a) Residence: No. 161 S. Dunkley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nora Ira Moore

6. DATE OF BIRTH (month, day, year) July 3 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cash Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 8 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Lee Moore

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Mills

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Nora Ira Moore

(Address) 161 S. Dunkley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 1 1933

19. UNDERTAKER F. B. Nippert Co.

(Address) 1300 Eutaw Place

20. FILED FEB 20 1933 Huntington Thiesse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 17 1933.

I last saw ~~him~~ alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb 7
Other contributory causes of importance:	
Cerebral decompensation	Feb 7

Name of operation ~ Date of ~

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury , 19

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. J. Lyons M. D.

(Address) 3321 Fredrick Ave

Spec.—1-12-23—M&T—500 Blks.

E 87824 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87824

CERTIFICATE OF DEATH.

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Etting ST. 14-01 WARD)

2-FULL NAME Chas. C. Simpson

(a) RESIDENCE NO. 1713 Etting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alberta

6 DATE OF BIRTH (month, day, and year): [illegible] 1871

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Alberta Simpson (Address) 1713 Etting

15 Filed FEB 20 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933, to Feb 18, 1933,

that I last saw h alive on Feb 18, 1933,

and that death occurred, on the date stated above, at 9 ft m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary) Pulm. Edema

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

19 Feb 19/33 (Address) 739 W Fayette

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL 2/25/1933

20 UNDERTAKER: Geo. H. Holland — ADDRESS 1631 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

E 87825

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 87825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 W. Lanvale ST., 16-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winfield Bias

(a) RESIDENCE NO. 1639 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 14-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Calvin Bias

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Grace Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fannie Bias

(Address) 1639 W. Lanvale St

15 Filed FEB 20 1933 Registrar Huntington Ave. Station, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1933, to Feb. 17, 1933,

that I last saw him alive on Feb. 17, 1933,

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. M. Pigott, M. D.

2/19. 1933 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 2/20/1933

20 UNDERTAKER Geo. H. Holland — ADDRESS 1631 Druid

M. D. B. 1268-9

87826 HEALTH DEPARTMENT—CITY OF BALTIMORE 87826

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 34

CITY OF BALTIMORE: (No. Baltimore, Md St., 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Buckhorn

(a) Residence: No. 5321 Weedon St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 3-10-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richburg S.C.

MOTHER FATHER

13. NAME Thos. Buckhorn

14. BIRTHPLACE (city or town) (State or country) Richburg, S.C.

15. MAIDEN NAME Mittie Rainey

16. BIRTHPLACE (city or town) (State or country) Richburg S.C.

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 20 1933

19. UNDERTAKER James Adams

(Address) 1142 Hanover St

20. FILED FEB 20 1933 Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-5-32, 19..., to 2-15-1933, 19...

I last saw him alive on 2-15, 1933. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	?
with aortic insufficiency	1
Other contributory causes of importance:	
Cancer of Lung	2-14-33
Myocardial Insufficiency Cyanosis	11-32

Name of operation None Date of

What test confirmed diagnosis? General Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

2-15-33 (Signed) Chas. Lightbourne M. D.

(Address) Balto City Hospitals

AaCo. 5-11 250B

E 87827 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87827

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Belnord Ave Ward) 1-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Schultz

(a) Residence: No. 520 S Belnord Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Schultz

6. DATE OF BIRTH (month, day, year) Nov 28, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jos Michael Dombrowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Josephine Lentz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrew Schultz

(Address) 520 S Belnord

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Feb 22 1933

19. UNDERTAKER Wm S Fialkowski

(Address) 2067 Eastern Ave

For Officials, Writing for Williams, N.C.

Registrar 2/17/33

FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1933 to Feb. 17, 1933,

I last saw her alive on Feb. 16, 1933. death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Endocarditis	
Myocardial Insufficiency	
Coronary Embolism	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Nowakowski, M. D.

(Address) 205 9 Eastern Av.

W. D. B. 1268-9

87828

HEALTH DEPARTMENT—CITY OF BALTIMORE 87828

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 17-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bip. Green

(a) Residence: No. 1143 Brewer St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	90	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Thompson J. Green

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sally

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 20 1933

19. UNDERTAKER

(Address)

20. FILED 20 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1933

22. I HEREBY CERTIFY That I attended deceased from 4-26 1929 to 2-17 1933

I last saw him alive on 2-17 1933 Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-17-33
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2-17-33 (Signed) Edgar A. Joseph M. D.

(Address) Balto. City Hospitals

OCCUPATION IS VERY important. See instructions on back of this page.

87829 E 87829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. ____
CITY OF BALTIMORE: (No. ____ St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas Henley.

(a) Residence: No. 123 Fourth St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) July 15 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	62	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER
13. NAME Wallace Henley
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Addie ?
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Mt. Calvary Date Feb 20 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED FEB 20 1933 [illegible] Registrar.

0179

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1931 to 12-15, 1933
I last saw h[illegible]live on 2-[illegible]-15, 1933 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Rt Hand -	12-9-32
Lues -	?
Arteriosclerosis -	?
Other contributory causes of importance: Pulmonary Embolism	2-15-33

Name of operation disarticulation Hand Date of 2/11/33
What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) [illegible] M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

Spec.—1-30—M. & T.—250 Bks

E 87830 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87830

95-002

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 St. Mulberry WARD) 14-01

2-FULL NAME Agnes Jane Johnson

(a) RESIDENCE NO. 1727 St. ____ WARD ____ (If non-resident give city or town and State)

(Usual place of abode) Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Henry Johnson

6 DATE OF BIRTH (month, day, and year): 1847

7 AGE: Years 86; Months; Days; If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Stephen Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lillian Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hannah Stanley 1727 McCulloh St

15 Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17. 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1932, to Oct 16, 1933, that I last saw her alive on Oct 16, 1933, and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Contributory

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) J. Garland Schmidt, M. D.

(Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U of M Med College

DATE OF BURIAL: Oct 19 33

UNDERTAKER

ADDRESS

Commissioner Health

M. D. B. 1268-9

87831

HEALTH DEPARTMENT—CITY OF BALTIMORE

87831

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Druid Hill Ave St., 7-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bachler

(a) Residence: No. 804 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Bachler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Keller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm J Bachler
(Address) 804 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 21st 1933

19. UNDERTAKER Putnam & Co
(Address) 2247 Eutaw St

Filed Feb 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1933 to Feby 19 1933

I last saw h alive on Feby 19 1933. Death is said to have occurred on the date stated above, at 1030 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Cardiac Decompensation	1930
Other contributory causes of importance:	
Arteriosclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Chandler M. D.

(Address) 3013 St Paul St

FEB 20 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87832 V 130 E 87832

CERTIFICATE OF DEATH

E 87832

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 15-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida White.

(a) Residence: No. 1328 N. Gilmor St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1902

6. DATE OF BIRTH (month, day, year) 8/22/1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Middlesex Co, Va.

FATHER

13. NAME Andrew White

14. BIRTHPLACE (city or town) (State or country) Middlesex Co, Va.

MOTHER

15. MAIDEN NAME Melissa Walker

16. BIRTHPLACE (city or town) (State or country) Middlesex Co, Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn cemetery Date Feb 20 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

FEB 20 1933

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1933 to 2-16 1933

I last saw her alive on 2-16 1933 Death is said to have occurred on the date stated above, at 9:05 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis acute	1-16-33

Other rontributory causes of importanre: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Acrident, suiride, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Sperify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of dereased? No If so, specify .....

2-16-33 (Signed) Elmer Richwine M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87833 E 87833

CERTIFICATE OF DEATH

Registered No. 87833

1. PLACE OF DEATH Baltimore City Hospitals (No.) St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Remes

(a) Residence: No. 1708 W. Lanvale st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Remes

6. DATE OF BIRTH (month, day, year) Feb. 15, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Moses Grimes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Holloway

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Pt Va Date Feb 20 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 308 Pressman st

B 20 1933 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1933.

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1932, to February 17, 1933

I last saw her alive on February 17, 1933 Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10/1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Bloom M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-B

Catherine Turek

HEALTH DEPARTMENT—CITY OF BALTIMORE

87834

87834

CERTIFICATE OF DEATH

125-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 7-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine Turek

(a) Residence: No. 942 Monroe Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Turek

6. DATE OF BIRTH (month, day, year) Sept 9 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward G. Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Rudolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Turek
(Address) 942 Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 21, 1933

19. UNDERTAKER Hirsch & Weidner
(Address) 1900 Edmondson Ave

20. FILED FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 33

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1933 to February 18, 1933

I last saw her alive on February 18, 1933 Death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of the liver	?

Other contributory causes of importance:

Cholaemia
Terminal pulmonary edema

Name of operation ... Date of ...

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller, M. D.

(Address) St. Josephs Hospital

E.M. 87835

E 87835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S Fulton Ave Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kathryn A Harris

(a) Residence: No. 105 S Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Harris

6. DATE OF BIRTH (month, day, year) May 10 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Matthias Keffler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Finding

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Harris
(Address) 105 S Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3 Oct 1933

19. UNDERTAKER George A Furlong
(Address) Furlong Undertaking Establishment

Registrar.

20. FILED OCT 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Oct 18, 1933

I last saw her alive on Oct 18, 1933 Death is said to have occurred on the date stated above, at 11. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cerebral Hypertension	1911/32
Hypertension	
Other contributory causes of importance: Pulmonary Oedema	2/17/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James A Lazenby M. D.

(Address) 721 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

87836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E. 87836

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 605 Washington Blvd) WARD 2-W-1

2 FULL NAME John Grigaitis

(a) RESIDENCE NO. 605 Washington Blvd St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	White	MARRIED

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of MARRIED

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	/	/	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work TAILOR
(b) General nature of industry, business, or establishment in which employed (or employer) CLOTHING
(c) Name of employer OWN BUINESS

9 BIRTHPLACE (city or town) (State or country) LITHAUNIA

PARENTS
10 NAME OF FATHER John Grigaitis
11 BIRTHPLACE OF FATHER (city or town) LITHAUNIA (State or country)
12 MAIDEN NAME OF MOTHER Grace Small
13 BIRTHPLACE OF MOTHER (city or town) LITHAUNIA (State or country)

14 Informant (Address) John Grigaitis Jr. 605 Washington Blvd.

15 201933 Washington Baltimore Md Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933, to Feb. 18, 1933
that I last saw him alive on Feb. 17, 1933
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical findings
(Signed) Anthony V. Buchunas M. D.
2/19 1933 (Address) 37 S. Sharter St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL Feb 21, 1933

20 UNDERTAKER Chas B Kuckauskas — ADDRESS 63 S Paca st

M. D. B. 1268-9

87837

HEALTH DEPARTMENT—CITY OF BALTIMORE

87837

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH University Hospital 21-01

CITY OF BALTIMORE: (No. ..... St., 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Karl Grempler

(a) Residence: No. 756 Ramsey St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lillie Grampley.

6. DATE OF BIRTH (month, day, year) June 17 "

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Grempler.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Lillie Grempler.
(Address) 756 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/21 19 33

19. UNDERTAKER John F. Cowan & Son
(Address) 601 Hollins St.

Embalmer.

B 201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933, to Feb 19, 1933

I last saw h.. alive on Feb 12, 1933. Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	Feb 12
Other contributory causes of importance: Hypertension Cardio vascular Disease	1930
Arterio sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) William E. Brown M. D.

(Address) University Hospital

1-30—M. & T.—100 B—50L.

87838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87838

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. (ST.) 70-01 (WARD)

2-FULL NAME Charles D. Miller.

(a) RESIDENCE NO 200 S. Smallwood St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of [redacted] Mary A. Miller.

6 DATE OF BIRTH (month, day, and year) January 18, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md,

PARENTS

10 NAME OF FATHER Jacob Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary A. Miller. (wife)
(Address) 200 S. Smallwood St.

15 Filed ..... 192 ..... Registrar

20 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and autopsy, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.
Cerebral Hemorrhage.
Hemiplegia.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? 200 S. Smallwood St. February 19, 1933

Did an operation precede death? No Date of .....

Was there an autopsy? Yes. Hospital Autopsy.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) Otto M. Steinhardt, M. D. Coroner

2/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Cemetery — DATE OF BURIAL: Feb 22 1933

20 UNDERTAKER George L. Schwab — ADDRESS 1501 Eutaw Pl.

M. D. B. 1268-9

87839

HEALTH DEPARTMENT—CITY OF BALTIMORE 87839

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James V Stevens

(a) Residence: No. 911 No Payson St., Ward.

(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel L. Stevens

6. DATE OF BIRTH (month, day, year) Nov. 20-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Totzl time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (rity or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (rity or town) (State or country) Va

17. INFORMANT Ethel L. Stevens

(Address) 911 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 21, 1933

19. UNDERTAKER George A Schmidt

(Address) 2201 Frederick Ave

20. [illegible] Registrar.

201933

B.T.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933 to Feb 18, 1933

I last saw h alive on Feb 18, 1933 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importanre were as follows:

Renal Insufficiency — Uremic coma — Date of onset 2/18/33

Other contribntory causes of importance:

Hypertensive cardio-renal Disease

Name of operation Date of

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external rauses (violence) fill in also the following:

Arrident, suicide, or homicide? Date of injury 19

Where did injury ocrur? (Sperify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to ocrupation of dereased? No If so, specify

(Signed) William E Brown M. D.

(Address) University Hospital

M. D. B. 1268-9

87840 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87840

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Shipley

(a) Residence: No. Long Green, Balto. Co. Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claudia

6. DATE OF BIRTH (month, day, year) Aug 28, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Joseph Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mollie Frail

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Benjamin W Smith

(Address) Hyde Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Ch. Cem Date Feb 22 1933

19. UNDERTAKER Clarence E. Arthur

(Address) Hyde Md

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 to 19

I last saw h alive on ongoing, 19 Death is said to have occurred on the date stated above, at 7:48 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2/18/33

Other contributory causes of importance:

Automobile Accident	2/18/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/18, 1933

Where did injury occur? Long Green Valley Rd. Church Hill Lane (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Auto he was riding in

Nature of injury upset & pinned him underneath

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny Coroner, M. D.

(Address) 2200 E Madison Ave

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87841

CERTIFICATE OF DEATH

82-606 E 87841

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Normandy Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary E. Kirby

(a) Residence: No. 512 Normandy Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. B. Frank Kirby

6. DATE OF BIRTH (month, day, year) Aug. 21, 1852,

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Theban,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rhoda Ann Stephan

16. BIRTHPLACE (city or town) (State or country) Sheffield, England

17. INFORMANT Rhoda Kirby

(Address) 4100 Underwood Road,

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mt. Cem Date Feb. 22 1933

19. UNDERTAKER Wm C. Black

(Address) 927 N. Broadway,

201933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13th, 1933, to Feb 19th, 1933.

I last saw h.e alive on Feb 14th, 1933. Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthenia	1 Day
Other contributory causes of importance:	
Cellulitis erysipelas	6 days

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Lucas M. D.

(Address) 3 E. N. Edmondson Ave.

Spec.—9 30—A. & Co.—250 Bks

87842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87842

CERTIFICATE OF DEATH.

82-004 REGISTERED NO.

1-PLACE OF DEATH Home for Incurables.

CITY OF BALTIMORE: (No 40th St & Keswick Rd) 13-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice Virginia North

(a) RESIDENCE No. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James North

6 DATE OF BIRTH (month, day, and year) Sept 5 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore - Md

12 MAIDEN NAME OF MOTHER Isabella Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore - Maryland

14 Informant Hospital Records
(Address)

15 Filed FEB 20 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19-1933.

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to Feby 18, 1933 that I last saw h-er alive on Feby 18, 1933 and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

(duration) 1 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Right Hemiplegia

(duration) 1 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W W B Mayo M. D.

2/19, 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 21, 1933

20 UNDERTAKER George L Smith — ADDRESS 1532 Hollins

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87843

87843

CERTIFICATE OF DEATH

92-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 W. Lnallwood St., 15-01 Ward)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Henry P. C. Steinhagen Sr.

(a) Residence: No. 2114 W. Lnallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced (or) ~~WIFE~~ of: Widowed

6. DATE OF BIRTH (month, day, year) May 19-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry P. C. Steinhagen Jr.
(Address) 2114 Lnallwood

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 21, 1933

19. UNDERTAKER: F. Vernon Kuehner
(Address) 1532 Pulaski

Clinton Williams M.D.
Registrar.

20. DATE RECEIVED Feb 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1933

22. I HEREBY ~~CERTIFY~~, That I attended ~~deceased~~ from Sept 2 1932 to Feb 18th, 1933.

I last saw ~~him~~ alive on Feb 18th, 1933 Death is said to have occurred on the date stated above, at 9.05 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic aortic regurgitation of heart.

Date of onset: Probably 1½ years before death

Other contributory causes of importanre:

Name of operation None Date of —

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry Leibel M. D.

2/20/33 (Address) 1224-B6 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87844

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Johnson St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore F. Becker

(a) Residence: No. 1714 Johnson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Becker

6. DATE OF BIRTH (month, day, year) Dec 27 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Ritzau

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maggie Becker
(Address) 1714 Johnson St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Mem Date Feb 22, 1933

19. UNDERTAKER A. Howard Evans
(Address) 3[illegible] Fort Ave

Huntington Williams, Registrar.

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933 to Feb 19, 1933

I last saw him alive on Feb. 19, 1933. Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/15/33
Other contributory causes of importance: Exhaustion	2/17/33

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Campbell M. D.

2/20/33 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87845

CERTIFICATE OF DEATH

E 87845

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Hosp St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton Krogman

(a) Residence: No. 5006 Cordelia St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lida M. Krogman nee Smith

6. DATE OF BIRTH (month, day, and year) Dec 5 1883

7. AGE Years 49 Months 2 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Leo W. Krogman

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Gross

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Lida M. Krogman

(Address) 5006 Cordelia Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 21. 1933

19. UNDERTAKER Harry H. Writzke

(Address) 410 Edmondson Ave

20. FEB 20 1933 Huntington Millinery N.Y. & Balto Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... last saw h alive on Feb 19 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Uremic Poisoning. Date of onset

12 days

Other contributory causes of importance:

Chron Nephritis

1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lueth M. D.

(Address) Coroner

M. D. B. 126d-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87846

CERTIFICATE OF DEATH

E 87846

94-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Dead on Arrival St. Joseph Hospital St. 23-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. J. Blair

(a) Residence: No. 15 E. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Cecelia (Dull)

6. DATE OF BIRTH (month, day, year) June 29/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

FATHER

13. NAME Jeremiah Blair

14. BIRTHPLACE (city or town) (State or country) St. Mary's, Md.

MOTHER

15. MAIDEN NAME M. Mattingly

16. BIRTHPLACE (city or town) (State or country) St. Mary's Md.

17. INFORMANT Mrs. M. C. Blair
(Address) 15 E. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 2/21/33 19

19. UNDERTAKER E. & B. Hartig
(Address) Huntington Pittsville, Md.

FILED 2/20/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency ?	4 yr

Other contributory causes of importance:

History Angina Pectoris	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John W. Agnew M. D.
Coroner

(Address) 108 E. Pennsylvania Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

87847 E 87847

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N. Payson St. 16-01 Ward)

Length of residence in city or town where death occurred 43 yrs. 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine E. Lambie

(a) Residence: No. 1017 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles B. Lambie

6. DATE OF BIRTH (month, day, year) Mar 5th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Schreiber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Rosesinski
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas B. Lambie
(Address) 1720 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Westerne Date Feb 22, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 2 01933 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930 to Feb 19, 1933

I last saw h.. alive on Feb 19, 1933 death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia	Feb 9

Other contributory causes of importance:

Carcinoma of Uterus	3 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Richardson M.D.

(Address) 1720 N. Monroe St

M. D. B. 1268-9

87848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87848

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 21st ed Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse B. Della

(a) Residence: No. 1039 Riviniside ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Della

6. DATE OF BIRTH (month, day, year) 1-14-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) ✕

11. Total time (years) spent in this occupation ✕

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Della

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Collins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date Feb 23rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Huntington Pollard, Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1933 to 2-20 1933

I last saw h alive on 2-20 1933 Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	1931
mass sloughing	
arteriosclerosis	
Other contributory causes of importance:	
Bronchopneumonia	2/17/33

Name of operation No Date of —

What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm Bruce Peterkin M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87849 HEALTH DEPARTMENT—CITY OF BALTIMORE 87849

CERTIFICATE OF DEATH

47 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 Whitridge Ave 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle V. Brown

(a) Residence: No. 429 Whitridge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Brown

6. DATE OF BIRTH (month, day, year) Jan 3 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles T. Brown
(Address) 429 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 21st. 1933

19. UNDERTAKER Mr. & Mrs. John N. Tenfel & Son
(Address) 201 W. Fayette St.

201933 Huntingtown Williamsport, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Feb 18 1933

I last saw her alive on Feb 18 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (Cow)	Aug. 32

Other contributory causes of importance:

Carcinoma of breast

Name of operation Halstead's Date of 10-27-31

What test confirmed diagnosis Microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Brechlle M. D.

(Address) 210 St. Paul St

M. D. B. 1268-9

E 87850 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87850

CERTIFICATE OF DEATH

176

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lydia P. Totten

(a) Residence: No. 1732 Ashburton Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Francis Totten

6. DATE OF BIRTH (month, day, year) Dec. 9. 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Morgantown, W. Va.

FATHER

13. NAME John W. Bole

14. BIRTHPLACE (city or town) (State or country) Morgantown West Va.

MOTHER

15. MAIDEN NAME Mary E. Clark

16. BIRTHPLACE (city or town) (State or country) Morgantown West Va.

17. INFORMANT Hospital Records (Address) Md. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Morgantown W. Va Date Feb. 22, 1933

19. UNDERTAKER Mrs. Mrs. John W. Tenfelt Son (Address) 801 W. Fayette St

20. FILED [illegible] Registrar.

FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-30 . 1933 to 2-19 . 1933

I last saw h[illegible] alive on 2-19 . 1933 Death is said to have occurred on the date stated above, at 11[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis with Cholelithiasis	1924
Acute Hemorrhagic Pancreatitis	?

Other contributory causes of importance:

Myocardial Failure	7 days ago

Name of operation Cholecystotomy - Cholelithotomy Date of .....

What test confirmed diagnosis? Operative Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
(Address) Md. General Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

E 87851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87851

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3731 Roland Avenue ST. 13-01 WARD)

2—FULL NAME Catherine Reynolds

(a) RESIDENCE NO. 3731 Roland Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9,1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	10 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Texas, Baltimore Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Reynolds

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Winfred ------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mr James J. Reynolds

(Address) #731 Roland Avenue

15 FEB 21 1933 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18,1933

17 I HEREBY CERTIFY, That I attended deceased from Oct.10, 1932, to Feb. 18, 1933, that I last saw her alive on Feb. 18, 1933, and that death occurred, on the date stated above, at 7 P.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John J Mohussey, M. D.

2/20/1933 Address) 3632 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Texas, Baltimore County

DATE OF BURIAL
Feb.21, 1933

20 UNDERTAKER E. LeRoy Cliffburton

ADDRESS
[illegible] E. North Ave

M. D. B. 1268-B

87852 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 87852

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH 1810 Spence Street

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aldona Krikscunas

(a) Residence: No. 1810 Spence St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mr. Vincent Krikscunas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME E.

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mr. Vincent Krikscunas
(Address) 1810 Spence St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 22 1933

19. UNDERTAKER John Grebeauskas
(Address) 423 S. Paca St.

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-18- 1933 to 2-20- 1933

I last saw her alive on 2-20- 1933 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2-19
Influenza	2-18

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm A. Strauss M. D.

(Address) 1901 Guilford Ave

1-30—M—A.T.—30 B—50L

E 87853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87853

CERTIFICATE OF DEATH

180

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2434 Frederick Ave. 30-01 (WARD)

2-FULL NAME Mary A. Kuhlmann.

(a) RESIDENCE NO 2434 Frederick Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 70 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If [redacted], widowed, or [redacted] (or) WIFE of Frederick Kuhlmann.

6 DATE OF BIRTH (month, day, and year) December 4, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	2	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Neidhart.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Augusta Link. (daughter)

(Address) 407 S. Bentalou St.

Filed 2-21 1933 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive burn over whole body.
In attempting to light a coal stove with a match. Accidental Death.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, Coroner, M. D.

2/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/24/33

UNDERTAKER F. B. Shappert

ADDRESS 306 Eutaw Place

M. D. B. 1268-9

87854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87854

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Ida Gelatkin

(a) Residence: No. 842 N. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morton Gelatkin

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ben Gelatkin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lehman Gelatkin (Son)
(Address) 842 N. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Shad Mt. Carmel Date 2-21-33 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1429 E. Baltimore St.

20. FILED Huntington Williams 2/21/33 Registrar.

211833

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1933 to Feb. 20 1933

I last saw her alive on Feb. 20, 1933 Death is said to have occurred on the date stated above, at 1:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Type 10	
Type Fever	
Myocardial degeneration	
Acute Cardiac Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel E Boyarsky M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 87855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87855

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N Preston St. 11-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C Stewart

(a) Residence: No. 137 N Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard Stewart

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 61 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): York Co Va

FATHER

13. NAME: Edward Wood

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Westmond

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Richard Stewart
(Address) 137 N Preston

18. BURIAL, CREMATION, OR REMOVAL
Place York Co Va Date 2/21 1933

19. UNDERTAKER: Samuel F Handley
(Address) 578 N Bond St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Finch Coroner M. D.

(Address) Bonne

I-80—M. & T.—100 B—501.

87856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87856

V 108

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 300 S. Vincent St. ST. 19-01 WARD)

2-FULL NAME Amy Hunter.(C)

(a) RESIDENCE NO 300 S. Vincent St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
(or) WIFE of Simon Hunter.(C)

6 DATE OF BIRTH (month, day, and year) May 30, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Hugh Atwood.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Smith.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant Ida Parker.(C) sister.
(Address) 1104 N. Lexington St.

15 Filed ..... 192 ..... Registrar

B 2 1 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.
Oedema of the Lungs.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wills M. Weinhardt, M. D. Coroner

2/13/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2/21 1933

20 UNDERTAKER Samuel T. Hemsley

ADDRESS 578 W. Biddle St.

See instructions on back of certificate. TION is very important

M. D. B. 1268-9

87857 HEALTH DEPARTMENT—CITY OF BALTIMORE E87857

CERTIFICATE OF DEATH

xv 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Washington

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8/1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	7	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Callao Co., Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Ida Washington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ida Washington
(Address) Callao Co, Va

18. BURIAL, CREMATION, OR REMOVAL
Place Calloa Va. Date Feb 21, 33

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastman St

FILED 22 1933 Kingsville Williams NP
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Endocarditis	?
Bronchopneumonia	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Mayer, M. D.
Coroner

(Address) 508 E. North Ave

M. D. H. 1268-9

E 87858 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87858

CERTIFICATE OF DEATH

V 131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Woodbrook Ave. St. 15-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Agnes Godfrey,

(a) Residence: No. 2819 Woodbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis A. Godfrey,

6. DATE OF BIRTH (month, day, year) Sept. 18. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Whaley,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Carey,

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lewis A. Godfrey
(Address) 2819 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date FEB 22. 1933

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED FEB 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to July 19 1933

I last saw h[illegible] alive on July 19 1933 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cor Thrombosis	1932
(b) Cor Dil Myocarditis	1932

Other contributory causes of importance:

Cor Arteriosclerosis	1930
Arteriosclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas O Chaille M. D.

(Address) 3013 St Paul St

M. D. B. 1268-9

E 87859

E 87859 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 54-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Westgate Road St. 28-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Lechel,

(a) Residence: No. 422 Westgate Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 11. 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Lechel,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary M. Schram,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Dora Lechel
(Address) 422 Westgate Road

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date FEB 22 1933 19

19. UNDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave.
FILED FEB 21 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 19 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Jan - 15. 1933 to Feb. 19. 1933
I last saw her alive on Feb 19. 1933 Death is said to have occurred on the date stated above, at 8.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fibroids of Uterus -	3 yrs.
Other contributory causes of importance: Oedema of Lungs Cardiac insufficiency	4 dys.

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Martin Lee Shook, M. D.
(Address) 806 N Fulton Ave

M. D. R. 1968-9

87860

HEALTH DEPARTMENT—CITY OF BALTIMORE 87860

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4024 Falls Road St. 13-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Miller (nee Boerlich)

(a) Residence: No. 4024 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	white	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Jacob M Miller

6. DATE OF BIRTH (month, day, year) Nov. 5 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63.	3.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernhard Boerlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob M Miller
(Address) 4024 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date Feb. 22 1933

19. UNDERTAKER Walter Davis
(Address) 3415 Eutaw Pl

20. FILED Feb 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 21 1932 to Feb. 19, 1933

I last saw her alive on Feb. 19, 1933 Death is said to have occurred on the date stated above, at 12 25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Acute
Probable Coronary Thrombosis	
Other contributory causes of importance:	
Angina Pectoris	
Arteriosclerosis	Chronic

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hamilton M. D.

(Address) 4037 Falls Rd.

M. D. B. 1268-9

87861

E 87861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-el Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Joseph Maxwell Miller

(a) Residence: No. 107 E 25th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs J. Maxwell Miller

6. DATE OF BIRTH (month, day, year) Dec. 23, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sculptor & Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Henry Miller

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Maxwell

16. BIRTHPLACE (city or town) (State or country) Jeffersonville Indiana

17. INFORMANT Mrs J. M. Miller (wife)

(Address) 107 E 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Date 2/22/33

19. UNDERTAKER Florence Morsell

(Address) 1818 Druid Ave

20. FILED 19

(Signature of Registrar)

FEB 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1933, to Feb. 20, 1933.

I last saw him alive on Feb. 20, 1933. Death is said to have occurred on the date stated above, at 10:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1895

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank B. Stephenson M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

87862 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 87862

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2834 N Calvert St. 12-01 (Ward)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S. if of foreign birth? 48 yrs. — mos. — ds.

2. FULL NAME Marie Franciska Kuhle

(a) Residence: No. 2834 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emil Kuhle

6. DATE OF BIRTH (month, day, year) April 6, 1864

7. AGE — Years 68 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1901

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz H. Madjer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosine Boschen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. F. W. Kuhle (Son)
(Address) 2834 N Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 23 1933

19. UNDERTAKER Stewart & Mowen
(Address) 1021 W Pratt St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 — 1933 to Feb 20 — 1933

I last saw h... alive on Feb 20 — 1933. Death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Cardiac Arterial Sclerosis	2/20/33
Other **contributory causes** of importance: Chronic Valvular Endocarditis	Yrs Long
Chronic Nephritis	Yrs Long
Diabetes Mellitus	Yrs Long

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Jefferson Brune M. D.

(Address) 5 Cloyd Road

M. D. R. 1268-9

7863

HEALTH DEPARTMENT—CITY OF BALTIMORE

87863

CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of St. Paul's Ward) Hospital

Length of residence in city or town where death occurred 39 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Albertine Henkel

(R) Residence: No. 4402 Penhurst St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Wm B. Henkel

6. DATE OF BIRTH (month, day, year) Oct 14 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Rudolph Graefe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Dahle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 11 1933

19. UNDERTAKER Globe Funeral Home
(Address) Huntington, West Virginia

20. FILED Feb 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1933 to Feb 9 1933

I last saw h-- alive on Feb 9 1933 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia with Bronchopneumonia	Dec. 31, 1932
(Other contributory causes of importance:) Spontaneous abortion (from history)	Dec 31, 1932

Operation: completion of Incomplete abortion (D & C) Date of Feb 9, 1933

Was confirmed diagnosis? By Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. W. Gray M. D.

(Address) 1014 St. Paul St.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87864

CERTIFICATE OF DEATH

E 87864

1. PLACE OF DEATH Pronounced Dead at — Registered No. 94-001

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter A. Morrison

(a) Residence: No. 211 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Lee Morrison

6. DATE OF BIRTH (month, day, year) Nov 13 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker-print

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

FATHER

13. NAME Thomas S. Morrison

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Glackin

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Alice L. Morrison

(Address) 211 Poplar Grove ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 23. 33

19. UNDERTAKER Wm J. Tickner & Son

(Address) North & Pace.

20. FILED FEB 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	about 3 yrs

Other contributory causes of importance:

Coronary Thrombus Sudden

Name of operation — Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M. Fenton M. D.

Coroner

(Address) 700 E Chase

2/21/33

M. D. B. 1268-C

E 87865 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87865

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Light St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George T Butz

(a) Residence: No. 1533 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of Mary E. Butz

6. DATE OF BIRTH (month, day, year) May 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 3

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mary E. Butz

(Address) 1533 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Feb. 23 1933

19. UNDERTAKER C. Howard Evans

(Address) 38 E Hoffman

20. FILED ... 193... ... Registrar.

FEB 21 1933

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1933 to Feb. 20 1933

I last saw him alive on Feb. 20 1933. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indefinite	
Other contributory causes of importance:	
acute Dilatation of Heart	2/19/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Campbell M. D.

2/21/33 (Address) 1644 Hanover St

A4Co. 5-31 250B

87866 HEALTH DEPARTMENT—CITY OF BALTIMORE 87866

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 N Fremont St., 15-01 Ward)

Length of residence in city or town where death occurred 18 yrs. 11 mos. 1 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leona Jordan Powell

(a) Residence: No. 1344 N Fremont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Powell

6. DATE OF BIRTH (month, day, year) Feb 26 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md

FATHER

13. NAME Donald Jordan

14. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

MOTHER

15. MAIDEN NAME Maggie Jordan

16. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

17. INFORMANT Vandella Pitts
(Address) 1344 N Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 22 1933

19. UNDERTAKER Virginia G. Brooks
(Address) 1463 McCulloh St

20. FILED 19 Registrar.

FEB 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to Feb 18, 1933

I last saw h. alive on Feb 18, 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-9-33
Other contributory causes of importance:	
Bronchs Pneumonia	2-1-33

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an antopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Gmelas, M. D.

(Address) 1126 Druid Hill

M. D. R. 1268

E 87867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87867

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 17-21 St., Ward)

Length of residence in city or town where death occurred yrs. ds. How long in U. S. If of foreign birth? yrs. ds.

2. FULL NAME Albert E. Stephens.

(a) Residence: No. 338 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years 34 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Clifford Stevens

(Address) 1521 Rochester

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date 2/3 1933

19. UNDERTAKER: Archibald E. Gaedgis

(Address) 2101 W. Baltimore St.

20. FILED 2 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Date of onset

Diabetic Coma

Sudden

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lewis Blackwell M. D.

(Address) Corner

M. D. B. 1265-9

E 87868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87868

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Thames St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michal O'Konski

(a) Residence: No. 1635 Thames St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph O'Konski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Andrew Okonski

(Address) 716 E. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Feb. 22 1933

19. UNDERTAKER F. W. Ozgowski

(Address) 1930 E. Eastern Ave.

20. FILED FEB 21 1933 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1933 to Feb. 19, 1933

I last saw him alive on Feb. 18, 1933 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Chronic Nephritis	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Okonski, M. D.

2/21/33 (Address) 2579 Eastern Ave

87869 **STATE OF MARYLAND—CERTIFICATE OF DEATH** E 87869

1. PLACE OF DEATH

County ..... Registration Dist. No. 82-01

Village or City 1614 E 25th st Balto Md No. 1614 E 25th Balto Md (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward 1

Length of residence in city or town where death occurred 87 yrs. 4 mos 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Young

(a) Residence: No. ..... St., Ward. ..... (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of ~~(or WIFE of)~~ Husband of Catherine Young

6. DATE OF BIRTH (month, day, and year) Sept 20th 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Grocer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired Grocer 34

10. Date deceased last worked at this occupation (month and year) Dont Know

11. Total time (years) spent in this occupation Do not know

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam Young

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMANT Mrs Joseph Gray (Address) 1614 E 25th Street

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date Feb 22nd, 1923

19. UNDERTAKER Geo Schilling & Sons (Address) Monument & Argyle st

20. FILED ....., 19 ..... Registrar.

B 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 20 (Month) (Day) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to Feb 20 1933

I last saw him alive on Feb 19 1933, death is said to have occurred on the date stated above, at 9 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/18/33

Other **Contributory Causes** of importance:

Cardiac Asthenia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? No (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) Arthur J. Geary M. D.

(Address) 742 S. Broadway

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87870

46 E 87870

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 4-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Moffatt.

(a) Residence: No. University Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 31. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5 6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ost

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Elizabeth Cuthbert.
(Address) University Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place. Wooster Ohio Date Feby 22 19 33

19. UNDERTAKER John Ullrich
(Address) 200 S Calvert St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1932 to Feb. 21, 1933

I last saw h[e] alive on Feb. 21, 1933. Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Hypernephroid Carcinoma Adrenal carcinoma).	Autumn
	1931
Other contributory causes of importance: Chronic intestinal obstruction	Dec '32

Name of operation Exploratory laparotomy Date of 1-7-33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Savage M. D.

(Address) Univ Hosp.

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87871 87871

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH Provident Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 2 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Phillip Dorsey

(a) Residence: No. 1016 Carollton St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) June 28 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME Philip Dorsey

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

MOTHER

15. MAIDEN NAME Catherine Dorsey

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Catherine Dorsey
(Address) 1016 Carlton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lion Cem Date Feb 24 1933

19. UNDERTAKER Joseph A. Liveley
(Address) 440 N. Mount Street

Registrar.

20. FILED ....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1933 to July 19 1933
I last saw him alive on July 19 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3 wk

Other contributory causes of importance:

Ruptured Appendix & Localized Peritonitis

Name of operation Appendectomy & Drainage Date of 1/5/33

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
.... If so, specify ....

(Signed) Joseph A. Strogen M. D.

(Address) Provident Hospital

M. D. B. 1268-9

87872

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87872

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 W. Fayette St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? --- yrs. -- mos. -- ds.

2. FULL NAME Lily Agnes McCoy

(a) Residence: No. 1628 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. McCoy

6. DATE OF BIRTH (month, day, year): Jan. 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Robert H. Scharf

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Jane W. McNulty

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Lily M. Kesmodel

(Address) 1628 W. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Peter's Cemetery Date: 2/22 19 33

19. UNDERTAKER: Hendry U. Means and Son

(Address) 505 N. Eutaw St.

2-11-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1933 to Feby 19, 1933

I last saw her alive on Feby 18, 1933. Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1/5/33
Chronic Interstitial Nephritis	1932
Other contributory causes of importance: Arterio-Sclerosis	1930

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Fulton Ave

OCCUPATION IS very important. See instructions on back of certificate.

M. D. H. 1268-9

E 87873 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87873

CERTIFICATE OF DEATH

97 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 270 Washington Blvd St. 21-06 Ward)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph C. Fink

(a) Residence: No. 270 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Fink

6. DATE OF BIRTH (month, day, year) 4-16-1870.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molder (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railroads 078

10. Date deceased last worked at this occupation (month and year) 9-15-1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George S. Fink

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Catherine Lotus

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Caroline Fink

(Address) 1211 Nazle Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/22/ 1933

19. UNDERTAKER John F. Cowan & Son

(Address) 901 Hollins St.

20. FILED FEB 21 1933 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1932 to Feb 18 1933

I last saw him alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	several years
Acute Cardiac dilatation	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Dreyton M. D.

(Address) 309 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87874

93-003

E 87874

CERTIFICATE OF DEATH.

REGISTERED NO. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4907 Pennington ST. 25 WARD)

2-FULL NAME Alice H. Moore

(a) RESIDENCE NO. 4907 Pennington Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1861

7 AGE: Years 72 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

PARENTS

10 NAME OF FATHER: Charles Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va,

14 Informant: Raymond L. Moore (Address): 1117 Franklin Ave

15 Filed FEB 21 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933 to Feb 18, 1933

that I last saw her alive on Feb 18, 1933

and that death occurred, on the date stated above, at 1045 P. m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

Chronic Myocarditis

Coronary Thrombosis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Hodges, M. D.

2/21, 1933 (Address) 4700 Pennington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

DATE OF BURIAL: Feb 23-1933

20 UNDERTAKER: Margaret E. Flynn

ADDRESS: 1111 Light St.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87875

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Pronounced at St Joseph Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Jackson

(a) Residence: No. 1111 Thompson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Chaplin
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Chaplin
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Feb 21, 1933

19. UNDERTAKER
(Address)

20. FILED FEB 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....
I last saw h alive on ....., 19 ..... Death is said to have occurred on the date above, at about 12.30

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to pistol shot of heart, lung, pulmonary artery, liver and stomach.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 2/5/33
Where did injury occur? 1111 Thompson (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. Collins M. D.
Coroner
(Address) 1086 Fronts Ave

M. D. B. 1268-B

Lapino ✓ Mgran # 4

87876 HEALTH DEPARTMENT—CITY OF BALTIMORE 87876

CERTIFICATE OF DEATH

Registered No. 207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jamaica Ave & Philadelphia St. 26-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angelo Lapino

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 30				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Public Cemetery Date Feb 2nd, 19 33

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED FEB 1 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & Laceration of Brain — Date of onset

Other contributory causes of importance: Accidental Struck by Patrol Train

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ..., 19...

Where did injury occur? Railroad Tracks (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Train

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. F. Kreger M.D. Coroner

(Address) 120 N Patterson Park Ave

1-30—M. & T.—100 B—50L

E 87877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87877

CERTIFICATE OF DEATH

122-01

24-01

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST., (WARD)

2-FULL NAME John Henry Brant.

(a) RESIDENCE NO 1130 Battery Ave. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced.

5a If ~~married, widowed~~, or divorced HUSBAND of (or ~~WIFE of~~) Annie Brant.

6 DATE OF BIRTH (month, day, and year) May 30, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	8	20 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Keen & Hagerty.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John H. Brant.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Bennett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ida Frampton. (sister)
(Address) 1130 Battery Ave.

15 Filed 2-21-1933, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1933[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.
Peritonitis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1130 Battery Ave. February 20, 1933

Did an operation precede death? Yes Date of Feb. 20, 1933

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Mottenhardt, M. D.
Coroner

2/21/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 23 1933

20 UNDERTAKER John F. Deany — ADDRESS 715 Light St

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87878

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Schroeder St., (15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Boyd

(a) Residence: No. 118 S. Schroeder St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J. Boyd

6. DATE OF BIRTH (month, day, year) April 22 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Waxter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. James F. Moore

(Address) 118 S. Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 2/22, 1933

19. UNDERTAKER L. F. McCully

130 E Fort Ave

20. FILED 2 21 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 years 19 to 19

I last saw her alive on February 19th, 1933 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Arterio-sclerosis,	
old age	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F H Vinup, M. D.

(Address) 601-5 Garrett Building

M. D. B. 1268-9

E 87879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87879

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5011 Beaufort Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Schaefer

(a) Residence: No. 5011 Beaufort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice M. Kimberly

6. DATE OF BIRTH (month, day, year) Jan. 12, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. doc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Reinhardt Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Catherine Knock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. H. Shilling
(Address) 5011 Beaufort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy. Date 2/23/33 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Registrar.

211933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 33. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 32 to Feb. 20 19 33

I last saw h im alive on Feb. 19 19 33 Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 20
Arterio sclerosis	Indef

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Fike M. D.

(Address) 4430 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

HEALTH DEPARTMENT—CITY OF BALTIMORE

87880 E 87880

CERTIFICATE OF DEATH

176

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Eutaw Place St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta Haynie Maddox

(a) Residence: No. 1515 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Jan. 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. atty at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T. Maddox

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susannah Moore

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. J. M. Funk
(Address) 1515 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy Date Feb. 22, 1933

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED Feb 23 1933 Thurlington Williams Registrar.
211933 B.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1927, to Feb 19, 1933

I last saw her alive on Feb. 19, 1933 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chole lithiasis } Remnant	1925
cholangitis }	1927

Other contributory causes of importance:

Broncho-pneumonia	2-17-33

Name of operation Chole-cysto-duodenostomy Date of 3-5-28

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas C. Gould M. D.

(Address) 222 Wendover Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87881

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 11-05 St. 140 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elsie Wike

(a) Residence: No. West minister Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wike

6. DATE OF BIRTH (month, day, year) Jan 11 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Adam J Martin

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Irene Doty

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Cem. Date Feb 25 1933

19. UNDERTAKER H Bankard Sons
(Address) Westminster Md.

20. FILED 19 Registrar.

MAR 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1933 to 2-21 1933.

I last saw her alive on 2-21 1933 Death is said to have occurred on the date stated above, at 6-12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mis Carriage by Accident	2-17-33
Other contributory causes of importance:	
Peritonitis	2-17-33
Intestinal obstruction	2-18-33

Name of operation Dilatation & Curettage Date of 2-16-33

What was confirmed diagnosis? Curettage Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L L Cayce M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

87882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 87882

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6504 Cleveland Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Yost.

(a) Residence: No. 6504 Cleveland Ave. Ward. Dundalk
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

3a. If married, widowed, ~~or divorced~~ of (or) WIFE of Philip J. Yost

6. DATE OF BIRTH (month, day, year) Sept 28 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover Pa.
(State or country)

MOTHER FATHER

13. NAME Jacob Utz
14. BIRTHPLACE (city or town) Hanover Pa
(State or country)
15. MAIDEN NAME Catherine Shaw
16. BIRTHPLACE (city or town) Hanover Pa
(State or country)

17. INFORMANT Clara Schaffer
(Address) 6504 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place United Rebeg 2/24 1933

19. UNDERTAKER Wm. Cook
(Address) 1219 St Paul St
Huntington Building

20. FILED 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933 to Feb 21, 1933

I last saw her alive on Feb 21 1933 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	2-11-33
Other contributory causes of importance: Diabetes	(?)

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Reiss, M. D.

(Address) 2 Kinship Rd., Dundalk Md.

M. D. B. 1268-9

87883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87883

CERTIFICATE OF DEATH ✓ 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Iew Hospital St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Litz

(a) Residence: No. 303 Washburn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Catherine Litz

6. DATE OF BIRTH (month, day, year) June 14 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Litz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sophia Litz

(Address) 303 Washburn Ave - Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1933, to Feb 20, 1933

I last saw ~~him~~ alive on Feb 20, 1933 Death is said to have occurred on the date stated above, at 10 45/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Erysipelas	2 wks

Other contributory causes of importance:

Arteriosclerosis	1927

Name of operation none Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Peter Meranze M. D.

(Address) Lyden Iew Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 87884

87884

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Wyeth St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Taylor

(a) Residence: No. 632 Wyeth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Marie E. Taylor

6. DATE OF BIRTH (month, day, year) Sept 23rd 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
35	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 1932

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah McKeldin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie E. Taylor
(Address) 632 Wyeth st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 24th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette st

20. FILED 19 Registrar.

21 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from February 8 1933 to February 21 1933

I last saw him alive on February 21 1933 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light st, Balto Md

M. D. B. 1208-9

DeMartello

87885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87885

CERTIFICATE OF DEATH

106-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 E. Randall St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth L. DeMartello

(a) Residence: No. 37 E. Randall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~DIVORCED of~~ (or) WIFE of Charles F. DeMartello

6. DATE OF BIRTH (month, day, year) Dec 30th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Chas Handler

(Address) 3502 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] Cedar Hill

Registrar.

21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1933 to Feb 21 1933

I last saw her alive on Feb 20 1933 Death is said to have occurred on the date stated above, at 5.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Catarrhal Bronchitis	Feb 14 33

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nancy Lucas Clements M. D.

(Address) 933 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87886 HEALTH DEPARTMENT—CITY OF BALTIMORE 87886

CERTIFICATE OF DEATH

F

210-008 87886

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John D. Kane

(a) Residence: No. Owings Mills, Balto Co. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rosewood Training School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel F. Kane
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anne E Kirk
16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Dr. F. W. Keating
(Address) Rosewood Training School

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 24, 1933

19. UNDERTAKER J. F. Cline & Sons
(Address) Reisterstown Md

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19.. to Inquiry, 19..

I last saw h alive on Inquiry, 19.. Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	2/21/33
Other contributory causes of importance: Automobile Accident	2/21/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/21, 1933

Where did injury occur? Rosewood Farm Reisters Town Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell off of moving automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Jr. M. D. Coroner

(Address) 220 E Madison St.

M. D. B. 1268-9

B 87887

B 87887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 10 yrs. mos. da.

2. FULL NAME George Ellis Shrimpton

(a) Residence: No. 4368 Park Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Geo. E. Shrimpton

6. DATE OF BIRTH (month, day, year) Sept 27, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. book-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) London, England

FATHER

13. NAME Ebenezer Shrimpton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ellis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wife

(Address) 4368 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 22 193

19. UNDERTAKER Charles P Towell

(Address) 2904 Edmondson Ave

20. FILED 1933 Registrar.

B22 1233

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-15-33, 19, to 2-19-33, 19

I last saw h[illegible] alive on 2/15/33, 19. Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
epithelial cancer	1934
hemorrhage	
	008

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warren S. Leicht M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Plazes

87888 2-2964 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87888

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 5-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Asa Plazes

(a) Residence: No. 1175 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-25-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Ed Plazes

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Alice (?)

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date Feb 21, 1933

19. UNDERTAKER
(Address) [illegible]

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1933 to Feb 10, 1933

I last saw h.im alive on Feb 10, 1933 Death is said to have occurred on the date stated above, at 8 7p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Nephritis, Uremia, Pulmonary Edema	?

Other contributory causes of importance:

Hypertension Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

DEC 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87889

CERTIFICATE OF DEATH

Registered No. 87889

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 Maude Ave, 25th Ward) Brooklyn 201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace L Arnold

(a) Residence: No. 536 Maude Ave St., Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 15 1932

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
		7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or rountry) Brooklyn Md

FATHER

13. NAME John T Arnold

14. BIRTHPLACE (rity or town) (State or country) Brooklyn Md

MOTHER

15. MAIDEN NAME Mabel L Grosh

16. BIRTHPLACE (city or town) (State or rountry) Baltimore Md

17. INFORMANT Mrs Mabel L Arnold

(Address) 536 Maud Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 22 1933

19. UNDERTAKER John T Denny

(Address) 715 Light St

20. FILED FEB 22 1933 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to Feb 20, 1933

I last saw her alive on Feb. 19, 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchio Pneumonia	2/16/33
Other contributory causes of importance:	
2 Bronchitis	2/16/33

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Hawkins M. D.

(Address) 1 E. Randall St

M. D. B. 1268-9

87890

HEALTH DEPARTMENT—CITY OF BALTIMORE

87890

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Virginia G Glacum

(a) Residence: No. Fernidale, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of James L. Glacum

6. DATE OF BIRTH (month, day, year) Sept 9 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House - wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James F. Gallion

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Ada A. Sawyer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs James F Gallion

(Address) Garland, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Feb 22 1933

19. UNDERTAKER John F. Denny

(Address) 1125 Light St.

20. FILED FEB 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-19- 1933 to 2-19 1933

I last saw her alive on 2-19 1933 Death is said to have occurred on the date stated above, at 9 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolapsed Cord -	
Incomplete Abortion	1 day
(Essy)	
Other contributory causes of importance:	
Surgical Shock	2 hours

Name of operation Dilatation Curet Date of 2/19/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. L. Prance M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Tuell

HEALTH DEPARTMENT—CITY OF BALTIMORE

87891 E 87891

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 William St. St. 24-21 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Tuell

(a) Residence: No. 814 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Annie E. Tuell
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Miss Eva Tuell
(Address) 814 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date Feb 22, 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED FEB 22 1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1933, to Feb 20th, 1933

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio. Nephritis	?

Other contributory causes of importance:

Uraemia	2/6/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Mayhorn M. D.

(Address) 827 N. Charles St

M. D. B. 1268-9

E 87892

87892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Johnson

(a) Residence: No. 1040 Edmondson Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 8/4 Jan 12

7. AGE: Years 20; Months 1; Days 6; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): Portsmouth Va

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

FATHER

13. NAME: Jos Price

14. BIRTHPLACE (city or town) (State or country): N. Car

MOTHER

15. MAIDEN NAME: Ida Finney

16. BIRTHPLACE (city or town) (State or country): Portsmouth Va

17. INFORMANT: Ida Price

(Address): 1040 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Feb 22 1933

19. UNDERTAKER: Elroy A Wilson

(Address): 1001 Pratt Bltmore

FILED: FEB 22 1933 ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on Feb 17 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to multiple stab wounds of Neck and body

Duration of onset

Other contributory causes of importance:

Name of operation: Autopsy Date of: Feb 18

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner, M. D.

(Address) Coroner

M. D. R. 1268-9

87893 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87893

CERTIFICATE OF DEATH

XV 137

1. PLACE OF DEATH Providence Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-04 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Hill.

(a) Residence: No. Frederick St. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Frederick

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT M. R. Eichmann & Son

(Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place Westminster Md. Date 2/24 1933

19. UNDERTAKER Samuel J. Brugler

(Address) 1600 E. Baltimore St.

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1933, to February 21, 1933

I last saw h.. alive on February 21, 1933 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Retention Uremia	2/5/33

Other contributory causes of importance:

Benign Hypertrophied Prostate

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Providence Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87894 E 87894

CERTIFICATE OF DEATH

164-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Oak. St. 9-01 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Edwin Bowers

(a) Residence: No. 2612 Robb St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 8, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry C. Bowers

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Anna V. Long

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mr. Harry C. Bowers
(Address) 2612 Robb St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cemetery Date Feb 22 1933

19. UNDERTAKER Wm. J. Tuckerman Sons
(Address) Mott & Calvert.

20. FILED ..... 19..... Registrar.

FEB 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poisoning (Suicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-3

E 87895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87895

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Raskin

(a) Residence: No. 1200 W. Lexington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Matthew Shirtz (Address) 222 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Pinedale, Cem. Date 2-22-33 19

19. UNDERTAKER Jack Lupo Inc (Address) 1432 E. Baltimore St.

20. FILED FEB 22 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 ... to ... 19 ... I last saw h alive on inquiry, 19 ... Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	2/20/33
Multiple Fractures	
Other contributory causes of importance:	
Automobile Accident	2/20/33

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/20/1933

Where did injury occur? Calhoun & Fayette Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while crossing street on foot

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2205 E Madison St.

M. D. B. 1268-9

87896

HEALTH DEPARTMENT—CITY OF BALTIMORE 87896

CERTIFICATE OF DEATH

24

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Sanders

(a) Residence: No. 3224 Elmora Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) Sept. 4 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lloyd Sanders

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Conyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret Sanders
(Address) 3224 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2-22-33 19

19. UNDERTAKER Wendell E Humphreys
(Address) 1501 N Broadway

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Feb 21, 1933

I last saw her alive on Feb 21, 1933 Death is said to have occurred on the date stated above, at 7 30/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2/18/33

Other contributory causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Peter Alexander M. D.

(Address) Lyden Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87897 131 E 87897

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 E Madison St. St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Kuzel

(a) Residence: No. 2212 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Kuzel

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Kuzel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Kuzel
(Address) 2212 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 24 19 33

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

20. FILED 2-24-1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 19 33 to Feb 21 19 33

I last saw h[illegible] alive on Feb. 20 19 33. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vas. Ren Disease	?

Other contributory causes of importance:

Coronary Embolus.	2/21/33

Name of operation none Date of ✓

What test confirmed diagnosis? Nal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

Spec.—1-30—M. & T.—250 Bks.

E. 87898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87898

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 W Mulberry St. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Augustus

(a) RESIDENCE NO. 1515 W Mulberry St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Augustus

6 DATE OF BIRTH (month, day, and year): Sept 9, 1861

7 AGE: Years 71 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer gdo

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bolo Md

PARENTS

10 NAME OF FATHER: John Augustus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bolo Md

12 MAIDEN NAME OF MOTHER: Ella Netter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bolo Md

14 Informant: John Augustus

(Address): 1515 W Mulberry St

15 Filed Feb 22 1933, 19— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 20, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feby 17, 1933, to Feby 20, 1933, that I last saw him alive on Feby 20, 1933, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myeletes.

Cyeteles over

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Haviland M.D.

2/24, 1933 (Address) 601 W Barre St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb 23 1933

20 UNDERTAKER: Mrs. Kate B. Williams

ADDRESS 322 N. Schroeder St.

M. D. B. 1268-B

87899 ✓ E 87899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) S. No-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hofmeier

(a) Residence: No. 3201 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/13/88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Hofmeier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Pelis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lehmanity Date Feb 22 1933

19. UNDERTAKER John C. Miller
(Address) 2405 E. Oliver St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Feb 19, 1933

I last saw him alive on Feb 19, 1933 Death is said to have occurred on the date stated above, at 4.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr.
(Cancer)	
Other contributory causes of importance:	
Tejunostomy	
Peritonitis	

Name of operation Tejunostomy Date of Jan. 25

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T Rhumsey M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

FEB 1933

87900

26958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87900

CERTIFICATE OF DEATH

X 89-002

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul E. Carter

(a) Residence: No. 10 Beechwood Rd St., ... Ward. Brooklyn
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 3/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Signal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Edwin Carter

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Fannie Fairbanks

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Rochester N.Y. Date Feby 22 19 33

19. UNDERTAKER Paul O. Whitcher & Son

(Address) 1900 Eutaw Place

20. FILED ..... 19..... ..... Registrar.

FEB 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1933, to Feb 21, 1933.

I last saw him alive on Feb 21, 1933. Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, acute Serum meningitis	Feb. 1933

Other contributory causes of importance:

Meningitis, streptococcus, acute	Feb 8, 1933
Pneumonia, Streptococcus	Feb 8, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? other Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W B Woodhall M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87901

HEALTH DEPARTMENT—CITY OF BALTIMORE

87901

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 E Madison St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Rodgers

(a) Residence: No. 1742 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Benj. Dobson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Nichols Smyth
(Address) 1742 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2-23, 1933

19. UNDERTAKER Ida Snowden
(Address) 1129 N. Caroline

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Feb 20, 1933.

I last saw h. alive on Feb 20, 1933. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Nov 1932

Other contributory causes of importance:
Uremic Convulsions and Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. J. Young, M. D.

(Address) 1729 E Monument St

Spec.—2-29-28—L. F. S.—500 Bks.

E 87902 ✓ E 87902

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 S. Streeper ST., 1-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alfred T Moulsdale

(a) RESIDENCE NO. 927 S. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Florence Moulsdale

6 DATE OF BIRTH (month, day, and year) 6-30 1870

7 AGE: Years 62 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jos. Moulsdale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jayne Keatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Fred. L. Berends

(Address) 927 S. Streeper St.

15 Filed Feb 22 1933 ~~Henry H. Williams~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932 to Feb. 21, 1933.

that I last saw h/M alive on Feb. 20, 1933

and that death occurred, on the date stated above, at 2:55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

Feb 21, 1933 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abingdon M. E.

DATE OF BURIAL: Feb. 24 1933

20 UNDERTAKER: H. E. McComas & Son

ADDRESS: Abingdon Md

M. D. B. 1268

87903

E 87903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-00r

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Florence Harris

(a) Residence: No. 308 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Harris

6. DATE OF BIRTH (month, day, year): 1903

7. AGE: Years 30 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 0 7 0

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Jane Harris
(Address) 308 N Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2-22-33

19. UNDERTAKER: David Eastwood
(Address) 916 Mc Cul

20. FILED Feb 22 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1933 to Feb. 18 1933

I last saw her alive on Feb 18 1933. Death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis due to Exophthalmic goitre.	Unknown
Other contributory causes of importance: Bronchopneumonia	Feb 17 33

Name of operation: Subtotal Thyroidectomy Date of: Feb 16 1933

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Savage M. D.

(Address) Univ Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87904 2642 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

87904 E

CERTIFICATE OF DEATH

145-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Clayton

(a) Residence: No. 418 W. Hoffman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben Clayton

6. DATE OF BIRTH (month, day, year) 2/2/03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Henry Wise

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Washington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cavalry Cem. Date 2/23 — 1933

19. UNDERTAKER John M. Dolyneo

(Address) 1200 Druid Hill Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1933 to Feb 19 1933

I last saw her alive on Feb 19 1933 Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	2/3/33
Puerperal Infection	1/29/33

Other contributory causes of importance:

Name of operation Full term spontaneous delivery Date of 1/29/33

What test confirmed diagnosis? Blood culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Pazel H. Jack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

1

E 87905

87905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 W. Franklin St. 18-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Brown

(a) Residence: No. 949 W. Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE: Years 42 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Jefferson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Sam Hayes
(Address) 949 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Date 2/24, 19 33

19. UNDERTAKER Bernard C. Beasley
(Address) 1700 Pennsylvania Ave

20. FILED ... 19 33 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933 to Feb 18, 1933

I last saw her alive on Feb 18, 1933 death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/5/33
Other contributory causes of importance Exhaustion	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A B Hughes M. D.

(Address) 1423 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

87906 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87906

130

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (1)

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Clare

(a) Residence: No. 116 West Henrietta St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 2, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B.Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 10-14-32

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nassau Bahamas

FATHER

13. NAME Fred Clare

14. BIRTHPLACE (city or town) (State or country) Bahamas

MOTHER

15. MAIDEN NAME Justine Delancy

16. BIRTHPLACE (city or town) (State or country) Bahamas

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date Feb 23, 1933

19. UNDERTAKER Harry Weikel
(Address) 4101 Edmondson Ave

20. FILED FEB 22 1933 Hunter Jones Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1933, to Feruary 20, 1933.

I last saw him alive on February 20, 1933. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, parenchymatous, acute	Prior to 1-9-33
Other contributory causes of importance:	
Uremia, acute	1-23-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gaddell, M. D.

(Address) U. S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

87907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87907

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1100 Eaton Ave. St. ..... Ward) 2-7-01

Length of residence in city or town where death occurred 60 yrs. 8 mos. ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christina Heinemeyer

(a) Residence: No. 3804 Northern Pkwy St, ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl August Heinemeyer

6. DATE OF BIRTH (month, day, year) Nov. 15, 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85 yrs.	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

FATHER

13. NAME Adam Gilty

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Topf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp (Address) 1100 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 23 19 33

19. UNDERTAKER Harry S. Lubkin (Address) 1811 E. Monument Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 32 to February 21st 1933

I last saw h.. alive on February 20 1933 death is said to have occurred on the date stated above, at 10:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
myocardial degeneration	
Stenosis Coronarus	
left heart	
Terminal cardiac failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Alfred Vondran M. D.

(Address) St Agnes Hos

M. D. B. 1268-8

E 87908 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87908

CERTIFICATE OF DEATH

26983

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 10-E Ward)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Jacobs

(a) Residence: No. 902 N Sterling St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/6/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Jacobs

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Frances Manopa

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date 2/22 1933

19. UNDERTAKER Cayne Sanders

(Address) 1413 E. Preston St

20. FILED 19 Registrar.

B 22 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-9-1933 to 2-17-1933

I last saw him alive on 2-17-1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 5, 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

E 87909

E 87909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 27-91 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME D'Arcy L. Bell

(a) Residence: No. 2506 Southern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 8/1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME D'Arcy L. Bell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret E. Sisselberger

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT D'Arcy L. Bell
(Address) 2506 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 24 1933

19. UNDERTAKER Mr. Mrs. John N. Teufel & Son
(Address) 801 W. Fayette St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19.....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia 2	days

Other contributory causes of importance:

Erysipelas 9	days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ns

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Pollitzer M. D.
Coroner

(Address) 708 E. Monument

E 87910

Crist ✓ E 87910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Md. General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-01 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Crist

(a) Residence: No. Fountain apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Crist.

6. DATE OF BIRTH (month, day, year) May 8 - 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oils

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Shipper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Phillip Crist

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emma Rousselot

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Maryland Trust Co.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 23 1933

19. UNDERTAKER J. H. Reed Sons N. Fremont St.
(Address)

20. FILED FEB 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1933 to Feb 21 1933

I last saw him alive on Feb 20 19 Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal	1930

Other contributory causes of importance:

Acute Dilatation of heart with Myocardial failure

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. T. Fraser M. D.

(Address) 1101 Eutaw Place

Duplicate of Death Certificate No. 87910 is on file in Bureau of Vital Statistics

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87911 HEALTH DEPARTMENT—CITY OF BALTIMORE E87911

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N. Caroline St. St., G-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Creed

(a) Residence: No. 1810 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Creed

6. DATE OF BIRTH (month, day, year) Sept. 28, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John Creed

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Rosa Creed
(Address) 1810 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Shawsville, Va. Date 2/24, 1933

19. UNDERTAKER Frederick P. Pote
(Address) 1200 W. Lombard St.

20. FILED 22 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1933 to Feb. 20, 1933

I last saw h[illegible] alive on Feb. 20, 1933. Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Nov. 192[illegible]
c	

Other contributory causes of importance:

Carcinoma of Liver (metastatic)	3 mo.

Name of operation — Date of —

What test confirmed diagnosis? P. E Was there an autopsy? (no)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph A. Blum, M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

Vinnick,

87912

HEALTH DEPARTMENT—CITY OF BALTIMORE

87912

CERTIFICATE OF DEATH

Registered No. 467

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 N. Gay St. 4-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Vinnick

(a) Residence: No. 323 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Steinberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Moses Vinnick

(Address) 323 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington D.C. Date Feb 23 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Balto St

FILED FEB 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Feb 23, 1933

I last saw h[illegible] alive on 2/22 1933 death is said to have occurred on the date stated above, at 1[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	2/2/33

Other contributory causes of importance:

Carcinoma of stomach

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. C. Feldman, M. D.

(Address) 1422 E Balto St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1368-6

E 87913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87913

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1658 Darley Ave. St. 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara J. Kohles.

(a) Residence: No. 1658 Darley Ave. St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
(or) WIFE of Conrad Kohles.

6. DATE OF BIRTH (month, day, year) June 6 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Hahn.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Gertrude Albers (Daughter)
(Address) 1658 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Feb. 23 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED FEB 23 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1932 to Feb 20 1933

I last saw her alive on Feb 19. 1933 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chr
Nephritis Chronic
Glomerular

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Howard Donella M. D.

(Address) 417 Park Ave.

M. D. B. 1268-9

87914

E 87914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5025 Roland Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Baker Bradenbaugh

(a) Residence: No. 5025 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. A. E. Bradenbaugh

6. DATE OF BIRTH (month, day, year) March 12, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles J. Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Bosserman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Rev. A. E. Bradenbaugh

(Address) 5025 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem'ty Date Feb. 23 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED Huntington Williams Registrar.

B 235033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22- 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1931 to Feby 22 1933

I last saw her alive on Feby 22 1933. Death is said to have occurred on the date stated above, at 1.45 a m.

The principal cause of death and related causes of importance were as follows:

Death was due to exhaustion from Carcinoma of left Breast.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alice S Parkhurst M. D.

(Address) 1410 Park Avenue

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87915

HEALTH DEPARTMENT—CITY OF BALTIMORE

87915

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Druid Hill Ave, 14-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa B Johnson

(a) Residence: No. 15 2 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 6 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Tyndus Johnson

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Nattie Diggs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Johnson
(Address) 1702 N. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Va. Date Feb 23rd, 1933

19. UNDERTAKER Archibald G. Gaddis
(Address) Lights Bulletin

20. FILED FEB 23 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to Feb 21, 1933

I last saw h... alive on Feb 21 1933 Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	Feb 10 19 33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Lee Allen, M. D.

(Address) 30 Pleasant St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87916 E 87916

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 5-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Smith

(a) Residence: No. 1220 E. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie

6. DATE OF BIRTH (month, day, year) 8-13-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	- 6	- 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Roxboro N. C.

FATHER

13. NAME Eliam Smith

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Amelia Johnson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Raleigh N.C. Date Feb 24 1933

19. UNDERTAKER Edward Bryan
(Address) 1631 Orleans St.

20. FILED FEB 23 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-33

22. I HEREBY CERTIFY, That I attended deceased from 1-30-33 to 2-20-33

I last saw h. alive on 2-20-33 Death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	,

Other contributory causes of importance:

Uremia	1-20-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-21-33 (Signed) Elmer Rigsby Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 87917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87917

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Mc Culloh St. 13-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Dale

(a) Residence: No. 2110 Mc Culloh St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E Dale.

6. DATE OF BIRTH (month, day, year) March 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 73		11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Snowhill Md

FATHER

13. NAME Jesse Dale
14. BIRTHPLACE (city or town) (State or country) Snowhill Md

MOTHER

15. MAIDEN NAME Caroline Purnell
16. BIRTHPLACE (city or town) (State or country) Snow Hill Md

17. INFORMANT Mary E Dale
(Address) 2110 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/23 1933

19. UNDERTAKER Samuel T Hemler
(Address) 528 N Broadway

20. FILED 2 23 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Feb 20 1933

I last saw him alive on Feb 20, 1933 death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular — Renal Disease	?

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Hughes M.D.
(Address) 1413 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87918

Registered No. 82-291

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Horace B. Mills

(a) Residence: No. 1922 Lauretta Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Mills

6. DATE OF BIRTH (month, day, year) Mar 10 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40 41	3	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co - Md

FATHER

13. NAME Marshal Mills

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Victoria Norton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Mills
(Address) 1922 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 2/23 1933

19. UNDERTAKER Samuel J. Hensley
(Address) 528 N. Broadway

FILED FEB 23 1933 Washington Williamson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eug Falk M. D.
Coroner

(Address) 2739 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. H. R. 1268-9

E 87919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87919

CERTIFICATE OF DEATH

XV 131

1. PLACE OF DEATH Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No. ... St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George Armstrong

(a) Residence: No. 70 Middle River St., Dundalk Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Laura Armstrong

6. DATE OF BIRTH (month, day, year) Aug. 15, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME George Armstrong

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Jeffers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address) Md Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 26, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

FEB 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1933 to 2-22, 1933

I last saw h[illegible] alive on 2-22, 1933 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	2 yrs
	2 yrs

Other contributory causes of importance:

Acute Dilatation of Heart	2-22-33
Chronic Myocarditis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Md. General Hospital.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87920 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87920

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Elliott St St. 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustavus P. Jenkins

(a) Residence: No. 3417 Elliott St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie E. Jenkins

6. DATE OF BIRTH (month, day, year) Jan. 26 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	-	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. T. Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Menger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie E. Jenkins

(Address) 3417 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb. 24 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

FEB 23 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1933 to Feb. 21 1933

I last saw h alive on Feb. 19 1933. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 19/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herman J. Gerwig M. D.

(Address) 1900 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—0 30—A. & Co.—250 Bks

E 87921 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87921

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No 602 N. Eden ST. 5-01 WARD)

2-FULL NAME Lucy Jane Jackson

(a) RESIDENCE NO. 602 N. Eden ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Divorced

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Thomas

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) White Stone Va

PARENTS

10 NAME OF FATHER Soloman Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Francis Ransom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie J. Peace
(Address) 602 N. Eden St

15 Registered FEB 23 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20-33

17

I HEREBY CERTIFY, That I attended deceased from 2-18, 1933, to 2-20, 1933

that I last saw h alive on 2-20, 1933

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

[illegible] (Address) 507 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 2-23 1933

20 UNDERTAKER Byron & Francis H. Wright

ADDRESS 1218 McElderry

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

87922 HEALTH DEPARTMENT—CITY OF BALTIMORE 87922

CERTIFICATE OF DEATH

82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 W. Fayette St. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia V. Harrington

(a) Residence: No. 1936 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Harrington

6. DATE OF BIRTH (month, day, year) April 29, 1861.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME J. Ney

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Harett V. Kirby

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mr. Geore V. Harrington (Address) 1936 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb. 25 19 33

19. UNDERTAKER Henry Weitzel (Address) 1201 Pennsylvania Ave.

B 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-33 19

22. I HEREBY CERTIFY, That I attended deceased from 2-19-33 19 to 2-20-33 19

I last saw her alive on 2-20-33 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hemiplegia	2-15-33

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O. McCleary M. D.

(Address) 400 N. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

E 87923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87923

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Greenmount, Ave. St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Stone

(a) Residence: No. 3722 Greenmount, Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Stone

6. DATE OF BIRTH (month, day, year) June 24, 1846.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) London (State or country) England

FATHER

13. NAME James Stone

14. BIRTHPLACE (city or town) London (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMANT Mrs. Grace Schnabel
(Address) 3722 Greenmount, Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/25 1933

19. UNDERTAKER Frederick R. Cole
(Address) 1200 W. Fayette, St

20. FILED 2-23 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Feb 22 1933

I last saw h.. alive on Feb 21 1933 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Graham M. D.

(Address) 3100 Harford

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87924

E 87924 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Chester St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter A. Stern

(a) Residence: No. 116 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary E. Stern

6. DATE OF BIRTH (month, day, year): June 27-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Automobiles

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 08

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Emanuel Stern

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs Laurie Rodrigas

(Address) 570 Beacon St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 2/24/ 1933

19. UNDERTAKER: F. B. Kippert

(Address) 1300 Eutaw Place

20. FILED: FEB 23 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1933, to Feb 21st, 1933

I last saw him alive on Feb 21st, 1933. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Adam Dod M. D.

(Address) 616 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 87925 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87925

CERTIFICATE OF DEATH

Registered No. V 87-001

1. PLACE OF DEATH 4421 Belvieu Ave (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 28-01 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME A. Regina Beiswanger

(a) Residence: No. 4421 Belvieu Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Beiswanger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah A. Weber

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Mrs. J. F. Tomlinson

(Address) 4421 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 23 1933

19. UNDERTAKER H. M. Routson

(Address) 2238 W. Baltimore St

20. FILED Feb 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th 1933 to Feb 20 1933

I last saw h[illegible] alive on Feb 20 1933 Death is said to have occurred on the date stated above, at 1145 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	2/4/33
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Eckert M. D.

(Address) 4421 Belvieu Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87926

CERTIFICATE OF DEATH

V124-002

Registered No. 10781

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Greenmount Ave 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert H Linz

(a) Residence: No. 920 Greenmount Ave ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Agnes H McDonough Linz

6. DATE OF BIRTH (month, day, year) Nov. 12. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47 yrs	3 mo	10 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business for Self

10. Date deceased last worked at this occupation (month and year) 2/20/33

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Linz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Simpson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Agnes H. Linz
(Address) 920 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Feb. 25. 1933

19. UNDERTAKER Edward M. Conklin
(Address) 924 E. Lanvale St.

20. FILED Feb 23 1933 Harrington Williams Registrar.

R 22 033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on Feb 22, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hypertrophic Cirrhosis of Liver

Date of onset

Other contributory causes of importance:

Acute Congestion of Lungs

Name of operation None Date of ...

What test confirmed diagnosis History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Fenton Coroner, M. D.

(Address) 700 E Chase

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-3

E 87927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87927

51V

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Bundy

(a) Residence: No. 2 S. Frederick St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte ?

6. DATE OF BIRTH (month, day, year) 3 / ? / ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME Jerdin Bundy

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Mary Morton

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Records Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md College Date Feb 23 1933

19. UNDERTAKER
(Address)

20. FILED Feb 24 1933 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-13-33 to 2-20-33

I last saw h alive on 2-20-33 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Other contributory causes of importance: Bronchopneumonia	2-13-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-24-33 (Signed) Elmer Hizelberger M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87927 818

M. D. B. 1268-9

87928

HEALTH DEPARTMENT—CITY OF BALTIMORE

87928

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 22-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 64 yrs. 3 mos. 26 ds.

2. FULL NAME Rosina Andral

(a) Residence: No. 834 Hanover St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Andral

6. DATE OF BIRTH (month, day, year) Oct 29 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Conrad Rathaugle

14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Elizabeth McMeelock

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT John Andral
(Address) 834 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 2/25/33

19. UNDERTAKER August Pasek
(Address) 2406 Eastland Ave.

20. FILED B 23 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to Feb. 23, 1933

I last saw her alive on Feb. 22, 1933. Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset 2-19-33
Fecal bearing

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. B. Moore M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87929

87929

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 3-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lee

(a) Residence: No. 3 S Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac Lee

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Gromer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rebecca Mackey
(Address) 3 South Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Feb 26-33, 19

19. UNDERTAKER N. E. Williams
(Address) 1535 McCulloh St Ft Williams N.E.

20. FILED FEB 27 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) B. D. Hergenrother, M. D.
Coroner
(Address) 1205 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87930

CERTIFICATE OF DEATH

131

E 87930

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 E. Fort ave St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Francis Hayes

(a) Residence: No. 629 E. Fort ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Hayes

6. DATE OF BIRTH (month, day, year) March 12, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homes.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William J. Scholitzky

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary McGee

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Geo. W. Hayes
(Address) 629 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 22 1933

19. UNDERTAKER Fred. R. Weaver & Son
(Address) 703 S. Haven St

20. FILED ... 1933 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1933, to Feb 22, 1933

I last saw h... alive on Feb 21, 1933 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arteriosclerosis Myocarditis	2 years
Chronic Interstitial Nephritis	1 year.
Portal Cirrhosis	6 month
Generalized Anasarca	2 months
Other contributory causes of importance:	
Shock	1 day
	2

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Nicholas W Bonelli, M. D.

(Address) 3326 Tredevest

M. D. B. 1268-6

87931

E 87931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Waterview Ave 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth 84 yrs. mos. ds.

2. FULL NAME August Wolf

(a) Residence: No. 2900 Waterview Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of Elizabeth Wolf.

6. DATE OF BIRTH (month, day, year) Aug 31. 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman 61

10. Date deceased last worked at this occupation (month and year) 7 | 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Bruce

(Address) 2900 Waterview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/23/33

19. UNDERTAKER E. & B. Hasle

(Address) 116 E. West St

20. FILED Huntington Hitchcock Dist. Registrar.

B 231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1933 to Feb 20th, 1933

I last saw he alive on Feb 19th, 1933. Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Bronchopneumonia following influenza	2/16/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was injury in any way related to occupation of deceased? specify

(Signed) Harry Weibel M. D.

2/21/33 Address 1224-26 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N Kenwood St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Storck

(a) Residence: No. 735 N Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Storck

6. DATE OF BIRTH (month, day, year) Oct 27, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Geo Metzmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Gold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gustav Storck

(Address) 735 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 2/24/1933

19. UNDERTAKER John Leppich

(Address) 2008 Eutaw

20. FILED FEB 24 1933 Huntington Pridgett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/33, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 19 31, to February 21, 19 33

I last saw h alive on February 21, 19 33 Death is said to have occurred on the date stated above, at 9:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis mtk	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Lucas M. D.

2/21/33 (Address) Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87932

M. D. B. 1268-9

E 87933

E 87933 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Palmer St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith

(a) Residence: No. 1644 N. Palmer St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 15, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Anita Watkins

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Anita Smith

(Address) 1644 N Palmer

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 21 1933

19. UNDERTAKER .....

(Address) .....

20. FILED Feb 23 1933 [illegible] Registrar.

018.5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1933 to February 20, 1933

I last saw her alive on February 20, 1933 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/19/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Alexander Hovey, M. D.

(Address) 516 Madison Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

87934

HEALTH DEPARTMENT—CITY OF BALTIMORE

M

210-01

E 87934

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Balto. Gen'l. Hos. 24-01 Ward)

2-FULL NAME E. Raymond Mosley

(a) RESIDENCE NO. 1708 Belt St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John F. Mosley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Georgia

12 MAIDEN NAME OF MOTHER Kate Henderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Georgia

14 Informant John F. Mosley

(Address) 1708 Belt St.

15 Filed 2/3/1933 Washington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured base of Skull

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. 10 ds.

(Signed) Joseph Pakonny M. D. (Coroner)

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 10 ds. In the State 13 yrs. mos. ds.

Where was disease contracted, if not at place of death? While sleighriding, struck a truck, 1600 Hoke Covington St

Former or usual residence 1708 Belt St 2/12/33

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Feb. 25. 1933

20 UNDERTAKER A. Few McCully ADDRESS 130 E Fayette

very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87935

CERTIFICATE OF DEATH

159

E 87935

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Wood

(a) Residence: No. Johns Hopkins Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/10/33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME Thomas Jones. ADDRESS unknown

14. BIRTHPLACE (city or town) (State or country) GEORGIA

MOTHER

15. MAIDEN NAME Blanch Wood, 529 N. Caroline St

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med Cemetery Date Feb 23 . 1933

19. UNDERTAKER [illegible] Hospital.

(Address) [illegible]

20. FILED [illegible] 19[illegible]

Registrar.

B 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 . 1933 to Feb 11 . 1933

I last saw her alive on Feb 11 . 1933 Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2/10/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 87936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87936

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 East Preston St. ST. 10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ray Spandauer.

(a) RESIDENCE NO. 1011 East Preston St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isaac Spandauer

6 DATE OF BIRTH (month, day, and year) April 12-1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67 68	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. Md.
(State or country)

PARENTS

10 NAME OF FATHER Emanuel Reis

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Hecht

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Isaac Spandauer.
(Address) 1011 East Preston St.

15 Filed ..... 19 ..... Huntington Williams M.D. Registrar

B 231933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 21-1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932, to Feby 21, 1933,

that I last saw h[illegible] alive on Feby 21, 1933,

and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Deabetes Mellitus -

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chr Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter W White Jr M. D.

, 19 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 2/24-33

20 UNDERTAKER J Schnaus & Bro

ADDRESS 2432 reisterstown Rd.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87937 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87937

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 N. Calvert St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Chase Morrow Perine

(a) Residence: No. 2623 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomson Parker Perine

6. DATE OF BIRTH (month, day, year) October 18, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Morrow

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Agnes Gibson

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mr. David Perine
(Address) 1009 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Feb. 24, 1933

19. UNDERTAKER Joseph Cook
(Address) 1000 W. Baltimore St.

B 231933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 22, 19 to Feb 22, 19 33

I last saw her alive on Feb 21, 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arterio-sclerosis	[illegible]

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87938

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lemuel Hosp St. 2-27-33 Ward

Length of residence in city or town where death occured 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Yansch

(a) Residence: No. 3509 White Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Fredericka Yansch

6. DATE OF BIRTH (month, day, year) May 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	26	

OCCUPATION

8. Trade, profession, or pacticulac kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city oc town) (State oc country) Germany

FATHER

13. NAME Frederick Yansch

14. BIRTHPLACE (city oc town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Yansch

(Address) 3509 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westfield N.J. Date Feb 25 1933

19. UNDERTAKER Phillips Sons

(Address) 20 E Eutaw St

Filed ..... 19..... Registrar.

B 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-20-33, 19..., to 2-23, 19 33

I last saw him alive on 2-22, 19 33 Death is said to have occured on the date stated above, at 2:05 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Arrest
hypertensive cardiovascular disease & myocardial failure

Date of onset 2-20-33

Other contributory causes of importance:

hypertension

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — 19—

Where did injury occur? — (Specify city oc town, county, and State)

Specify whethec injucy occucced in industry, in home, or in public place

Mannec of injury

Nature of Injury

24. Was disease oc injury in any way celated to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 87939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87939

CERTIFICATE OF DEATH.

REGISTERED NO. 71-901

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Cecil ave ST., 9-01 WARD)

2-FULL NAME Margaret Hammack

(a) RESIDENCE No. 2018 Cecil Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Hammack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Wilkinson (Sister) 2018 Cecil Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 23-1933

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1933 to Feby 23 1933, that I last saw h[illegible] alive on Feby 22, 1933, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Coma

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter W. White Jr. M. D.

2/23 1933 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 25 1933

20 UNDERTAKER Leo G. Cook

ADDRESS 1723 N. Gay St.

2/23/1933

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87940

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto. Area St., 9-01 Ward)

Registered No. Life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella M. Sherwood

(a) Residence: No. 760 Melville Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C. Sherwood

6. DATE OF BIRTH (month, day, year) 4/25/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pract. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Adam Haas

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

MOTHER

15. MAIDEN NAME Rachel Hamburg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Feb 25 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

B 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-33

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1933, to 2-22-33, 1933

I last saw her alive on 2-22-33 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	2-9-33
Other contributory causes of importance: Acute Myocardial Insufficiency	2-12-33
Auricular fibrillation	2-12-33
Arteriosclerosis, general	?

Name of operation No Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-22-33 (Signed) Elmer Applegate Jr M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87941

CERTIFICATE OF DEATH

106 E 87941

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Smith

(a) Residence: No. 3 W. 24th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Eremon Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Atkinson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Feb 24 1933

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED FEB 23 1933 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-20-33, 19..., to 2-22-33, 19...

I last saw him alive on 2-22-33, 19... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	
Other contributory causes of importance: Bronchitis, Acute	2-20-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. Any unknown or doubtful statement should be so stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E87942

E87942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH: Baltimore City Hospital

CITY OF BALTIMORE: (No. Balto. Md St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME: Emma Biemiller

(a) Residence: No. 114 Bernard St St., 114 Burnett St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Biemiller

6. DATE OF BIRTH (month, day, year): 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Co., Md

FATHER

13. NAME: John Myers

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Hageman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Feb 24th 1933

19. UNDERTAKER: Wm Cook

(Address) 1209 St Paul St

20. FILED ....., 19.... Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-4-31, 19.., to 2-20-1933

I last saw her alive on 2-20-33 Death is said to have occurred on the date stated above, at 7:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Collapse of return of right leg	1-31-33
Other contributory causes of importance: Diabetes mellitus	?

Name of operation: Amputation of right leg Date of: 8-4-30

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-21-33 (Signed) Elmer Hitzberger M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

87943

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 87943

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3134 Belmont Ave. St. 6 Ward)

Length of residence in city or town where death occurred 57 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Mary J Evans Causey

(a) Residence: No. 3134 Belmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Causey

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 57 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Evans
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Margaret Powell
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs Clara Evans
(Address) 212 Longwood St

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem Date Feb 24 1933

19. UNDERTAKER: Mary W. Medefield
(Address) 901 E 22nd St.

20. Filed Feb 28 1933 Registrar

B 231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1933, to February 21, 1933

I last saw her alive on Feb. 21, 1933 death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/4/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Maurice E. Shamer M. D.

(Address) 3300 W. South End.

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87944

E 87944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 42 10-002

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse R Ennis

(a) Residence: No. 310 W. Washington St St. Suffolk, Va. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vivian Ennis

6. DATE OF BIRTH (month, day, year) May 21, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 623

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Allen Ennis

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Bertha Raines

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Alfred Ennis, (Address) Suffolk, Va.

18. BURIAL, CREMATION, OR REMOVAL Place Suffolk Va Date Feb 24 1933

19. UNDERTAKER Chas E Francis & Son (Address) 802 Madison Ave Huntington (illegible)

20. FILED B 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to Injury 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	2/23/33
Other contributory causes of importanre: automobile Accident	2/23/33

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following: Accident, suiride, or homicide? accident Date of injury 2/23 1933

Where did injury occur? Washington Blvd nr Laurel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while getting out of his machine

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P Kenny Coroner M. D.

(Address) 2206 E Monument St

M. D. B. 1268-9

87945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87945

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 E. Biddle St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George B. Raub

(a) Residence: No. 2428 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice A. Raub

6. DATE OF BIRTH (month, day, year) Feb 13/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George B. Raub

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Sarah B. Fleming

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Alice A. Raub,

(Address) 2428 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/25 1933

19. UNDERTAKER J. Flowers Son

(Address) 901 Holems St.

20. FILED FEB 24 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide ... Date of injury ... 19...

Where did injury occur? 2428 E. Biddle (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home bath room

Manner of injury Gas hose from bracket on bath room wall with funnel attached

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John H. Payne Coroner, M. D.

(Address) 106 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—106 B—50L

E 87946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87946

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 W. Ostend St. ST. 21-01 WARD)

2-FULL NAME Margaret M. Pfannenstiel.

(a) RESIDENCE NO 1234 W. Ostend St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, [illegible] (or) WIFE of Le Roy Pfannenstiel.

6 DATE OF BIRTH (month, day, and year) September 13, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 07
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Seymoure.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Le Roy Pfannenstiel. (husband)
(Address) 1234 W. Ostend St.

15 Filed ..... 192 ..... Registrar

FEB 24 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

2/22/33 (Address) 101 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb 25 1933

20 UNDERTAKER David H. Cook

ADDRESS 1003 N. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87947

HEALTH DEPARTMENT—CITY OF BALTIMORE

87947

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3923 Norfolk Ave St., 15-01 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Buchanan Davis

(a) Residence: No. 3923 Norfolk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie J. Davis

6. DATE OF BIRTH (month, day, year) July 29, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6 5	2 4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ozark Ark

FATHER

13. NAME Thomas B. Davis

14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER

15. MAIDEN NAME Mary Boatwright

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT Mr. John Gay Davis

(Address) 3923 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb. 27 1933

19. UNDERTAKER Wm. Fickes & Son

(Address) North & Pa Aves

FILED FEB 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Feb 22, 1933

I last saw alive on Feb 22, 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Substitution	
Nephritis	5 years

Other contributory causes of importance:

Myocardial Degen.	4 yrs.
Arteriosclerosis	5 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard H. Garner M. D.

(Address) 2604 Garrison Blvd

E

Information should be carefully supplied. Write plainly. State exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87948

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 W. North Ave 45-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Virginia Malehorn

(a) Residence: No. 2017 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank P. Malehorn

6. DATE OF BIRTH (month, day, year) Oct. 22, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

FATHER

13. NAME Daniel Mullen

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Crouse

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

17. INFORMANT Mrs. Charles F. Malehorn (Address) 2017 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb. 24 1933

19. UNDERTAKER Wm. J. Tickner & Son (Address) North & Pa. Ave.

20. FILED FEB 23 1933 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1933 to Feb. 22 1933

I last saw her alive on Feb. 19 1933 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic Nephritis	1925
Myocardial fibrosis	1930

Other contributory causes of importance:

Senility	1915

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1288-9

E 87949 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87949

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Harrison Blvd St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Heather Arthur.

(a) Residence: No. 2707 Harrison Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edith Maude Arthur

6. DATE OF BIRTH (month, day, year) Mar. 11, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Breeder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bastrop La

FATHER

13. NAME Frank Arthur

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Makalia Middleton

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Mrs E Maude Arthur

(Address) 2707 Harrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 24 1933

19. UNDERTAKER Wm H Keefer Sons

(Address) North & Pulaski.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1933

22. I HEREBY CERTIFY, That I attended, deceased from Nov. 1, 1932 to Feb 21 1933, 19

last saw h alive on Feb 21, 1933. Death is said to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart duration about 5 hrs.	
Other contributory causes of importance: myocarditis duration about 2 yrs.	

Name of operation Date of

What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublett M. D.

(Address) 2220 Harrison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1933

M. D. B. 1268-9

87950 · HEALTH DEPARTMENT—CITY OF BALTIMORE · F 87950

CERTIFICATE OF DEATH

94-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 N. Smallwood St. or Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Isaac Glass

(a) Residence: No. 1537 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Glass

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Glass

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Chas. Glass - Son

(Address) 3831 Fairman

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-24-33

19. UNDERTAKER Jack Lantz Co.

(Address) 1939 E. Balto

20. Filed [illegible] 19 [illegible] Registrar.

241933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932 to Feb 23, 1933

I last saw h[illegible] alive on Feb 23, 1933. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/21/33
Other contributory causes of importance:	
Angina Pectoris	5yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil E. Krager M. D.

(Address) The Esplanade

Information should be carefully supplied. AGE should be stated EXACTLY. If child under one year, state AGE in hours, days or months. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 87951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87951

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 547 Prosstman ST., 14-01 WARD)

2—FULL NAME Annie A. Wroston

(a) RESIDENCE NO. 547 Prosstman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel

6 DATE OF BIRTH (month, day, and year) Jan 1 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Samuel Winston

(Address) 547 Prosstman

15 Filed FEB 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22/33

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, to Feb 22, 1933, that I last saw h[illegible] alive on Feb 21, 1933 and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H S McCaul, M. D.

2/23, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2/24/1933

20 UNDERTAKER Mrs Lee H. Holland

ADDRESS 1629 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

87952 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 87952

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME BABY TAYLOR

(a) Residence: No. 1905 E. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/14/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt (State or country) Md.

FATHER

13. NAME Robert Taylor 1905 E. Biddle St

14. BIRTHPLACE (city or town) Va (State or country) Virginia

MOTHER

15. MAIDEN NAME Gladys Williams

16. BIRTHPLACE (city or town) Yorktown (State or country) Va.

17. INFORMANT Gladys Taylor
(Address) 1905 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 24 1933

19. UNDERTAKER Mrs. B. G. Elliott
(Address) 1129 N. Carolina St.

20. FILED Feb 24 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933 to Feb 22 1933

I last saw h[illegible] alive on Feb 22 1933 Death is said to have occurred on the date stated above, at 6-30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2/14/33
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-9

E 87953 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87953

CERTIFICATE OF DEATH

93-004

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4319 Springwood Ave St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Orth

(a) Residence: No. 4319 Springwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Orth

6. DATE OF BIRTH (month, day, year) July 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George P. Orth

14. BIRTHPLACE (city or town) (State or country) Nida Hesse Darmstadt, Germany

MOTHER

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) (State or country) Frankfurton the Main Germany

17. INFORMANT Anna M. Orth

(Address) 4319 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Feb 25, 1933

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Saratoga ave

20. FILED FEB 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 . to ..... , 19 .....

I last saw h..... alive on ..... , 19 . Death is said to have occurred on the date stated above, at 11.30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Other contributory causes of importance:	
Arteriosclerosis (Senile)	? yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Bell M. D.

(Address) 508 E Fort Ave Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 87954 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87954

CERTIFICATE OF DEATH

V 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Calvin H. Hockensmith

(a) Residence: No. 1639 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella W. Hockensmith

6. DATE OF BIRTH (month, day, year) Dec. 10, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Belt maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Bob. Hockensmith

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ella W. Hockensmith

(Address) 1639 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Pa. Date Feb 27 '33

19. UNDERTAKER F. Vernon Keefauver

(Address) 1532 Hollins St

20. FILED FEB 24 1933 Hunter's or Williams' Agent

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to Feb 23, 1933

I last saw him alive on Feb 23, 1933. Death is said to have occurred on the date stated above, at 10:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	1 week
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Samuel L Green M. D.

(Address) 1532 Hollins St

E. O. 1268-9 Rev. 1-1-32

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 87955

E-30 87955 0 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Kuper St. ST. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby V. Gordon.

(a) RESIDENCE NO 1407 Kuper St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Walter Gordon.

6 DATE OF BIRTH (month, day, and year) July 13, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER James T. Kylie.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Margaret Walker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Walter Gordon. (husband)
(Address) 1407 Kuper St.

15 Filed FEB 4 1933, at Huntington Williams, N.P. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.
Acute dilatation of the heart.
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Steinhardt Coroner, M. D.

3/22/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md.

DATE OF BURIAL Feb. 25 1933

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 87956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87956

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W. Lafayette Av. ST. 17-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V. Evans

(a) RESIDENCE NO. 507 W. Lafayette Av. ST. 17th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a ~~Married~~, widowed, or ~~Divorced~~ (~~HUSBAND~~ of WIFE of Thomas Evans

6 DATE OF BIRTH (month, day, and year) June 25-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) District of Columbia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lucinda White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant Addie F. Evans

(Address) 507 Lafayette Ave. W.

15 Filed FEB 24 1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-1933

17

I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1933, to Feb. 23, 1933, that I last saw h alive on Feb. 23, 1933, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Wheatley, M. D.

2/23 1933 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 2-25-1933

20 UNDERTAKER John M. Johnson

ADDRESS 1700 Druid Hill Ave

mation should be carefully supplied. Age should be stated in years. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

87957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 87957

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 N Milton Ave St., East 21 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Henry Trabert

(a) Residence: No. 1404 N Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25 1923

7. AGE: Years 9 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Philip Trabert

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Reinsfelder

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Philip Trabert

(Address) 1404 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Red Feb 27 1933

19. UNDERTAKER Jos J Stimpson

(Address) 3000 Kentucky Ave

20. FILED ... 19 ... Registrar

FEB 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933 to Feb. 23, 1933

I last saw him alive on Feb. 23 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Joseph Toulson Jr. M.D.

(Address) 600 S Ellwood Ave

Information should be correct, complete, legible, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 87958

E 87958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87958

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1296 William St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jefferson A. Ohm

(a) Residence: No. 1295 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa F. Ohm

6. DATE OF BIRTH (month, day, year) Sept 7 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Ohm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunegunda Paelbra

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa F. Ohm
(Address) 1295 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 27 1933

19. UNDERTAKER E & B Harle
(Address) 115 E. West St

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 to Feb 23 1933

I last saw h[illegible] alive on Feb 23 1933 Death is said to have occurred on the date stated above, at 8 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	6 mos
Other contributory causes of importance:	
General Anasarca	3 mos

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. F. Wheeler M. D.

(Address) 1279 William St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87959

CERTIFICATE OF DEATH

E 87959

95-002

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ... St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Louis Blond

(a) Residence: No. Belvedere & Greenspring St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Cecelia Blond

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sigmund Blond

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Lebanon Cem Date 2-24-33 19...

19. UNDERTAKER Sam Davis Inc (Address) 1439 E Baltimore St

FEB 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1933, to 2-24, 1933

I last saw h[illegible] alive on 2-23, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease.	
General arteriosclerosis	
Cerebral arteriosclerosis	
Cor. prostatitis & beginning hypostasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edmund Levin, M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87960

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Bayard St. 21-05 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 4 mos. 13 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME James Thornton

(a) Residence: No. 1223 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcella Thornton

6. DATE OF BIRTH (month, day, year) Oct - 8 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38 39		4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Dick Thornton

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Maggie Thornton

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Leroy Thornton

(Address) 1223 Bayard

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Cem Date 2/24 1933

19. UNDERTAKER Walter B. Price & Co

(Address) 139 W Hamilton St

20. FILED FEB 24 1933 Huntington Indiana Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Feb - 21 1933

I last saw h[illegible] alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Endocarditis	2 mo

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Truscott M. D.

(Address) Irvington

Information necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 87961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87961

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1328 W Balto Ave ST. 25th WARD)

2—FULL NAME John Parker Fischer

(a) RESIDENCE NO. 1328 W. Balto Ave ST., 25th WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26/31

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Co.
(State or country) Hutchinson PO

PARENTS

10 NAME OF FATHER Leonard Fischer

11 BIRTHPLACE OF FATHER (city or town) Balto city
(State or country)

12 MAIDEN NAME OF MOTHER Louise Louis Kiger

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Leonard Fischer
(Address) 132 West Balto Ave

15 Filed FEB 24 1933 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/33

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Feb 23, 1933, that I last saw h[illegible] alive on Feb 22, 1933 and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Emmert Wheeler M. D.

Feb 23 1933 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 25th 1933
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 87962 HEALTH DEPARTMENT—CITY OF BALTIMORE B 87962

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Jackson St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Luke Williams

(a) Residence: No. 1430 Jackson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Williams

6. DATE OF BIRTH (month, day, year): May 27 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Watchman 067

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William Williams

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Margaret Whalen

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Annie Tully
(Address) 1430 Jackson St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Harford Rd Date: Feb 25, 1933

19. UNDERTAKER: John F. Denny
(Address) 715 Light St

20. FILED: FEB 24 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to Feb 23, 1933

I last saw h... alive on Feb 23, 1933 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1930
Other contributory causes of importance:	
Chronic Nephritis	1900

Name of operation: ... Date of: ...

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sidney H. Streett, M. D.

(Address) 450 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87963

87963 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87963

CERTIFICATE OF DEATH

√46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eddie Tengle

(a) Residence: No. 619 Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mercantile Co. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Feb 24, 1933

19. UNDERTAKER (Address)

20. FILED Hunting & Hilleary Hospital

FEB 24 1933

B195

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1933, to Feb. 18, 1933

I last saw him alive on Feb. 18, 1933 Death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cardiac end of the Stomach	?
Cachexia	1930

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical 5-X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. L. Cossie M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87964

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital
CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Seabrook

(a) Residence: No. 663 Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

FATHER

13. NAME no Record
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME no Record.
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Caroline Seabrook
(Address) 1514 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date Feb 4 1933

19. UNDERTAKER .....
(Address) .....

20. FILED FEB 24 1933 (Signature) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1933 to 2-21 1933
I last saw him alive on 2-21 1933 Death is said to have occurred on the date stated above, at 5:29 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	2-14-33

Other contributory causes of importance:

Superficial wound of Scalp, abrasion

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. T. Harris M. D.
(Address) Provident Hospital

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

George H. Stieber

E 87965

87965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. 7 ds. How long in U. S. If of foreign birth? — yrs. — mos. 6 ds.

2. FULL NAME George H Stieber

(a) Residence: No. Towson, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie wife Stieber

6. DATE OF BIRTH (month, day, year) May 1 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
59	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Towson, Md Baltimore Co

FATHER

13. NAME George Stieber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Bryer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John Burns Sons Towson

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill Date Feb 26. 1933

19. UNDERTAKER (Address) John Burns Sons Towson

20. FILED Feb 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1933 to Feb. 24 1933

I last saw him alive on Feb. 24 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Carcinoma of bladder	
Other contributory causes of importance:	
Carcinoma of bladder.	

Name of operation Ileostomy Date of Feb 24

What test confirmed diagnosis? Opn Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Sigsum M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 87966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

E 87966

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5257 (St.) Nelson Ave (Ward) 27-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Rill

(a) RESIDENCE NO. 5257 Nelson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 23rd 1933

7 AGE: Years | Months | 1 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Edmond Thos. Rill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Grace McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Sadie McCarthy

(Address) 5257 Nelson Ave

Filed: 2-24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 24th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23rd, 1933, to Feb 24th, 1933,

that I last saw her alive on Feb. 23rd, 1933,

and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Premature Birth)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Elbert E. Kerby M. D.

2/24 1933 (Address) 2245 Eastern Ave Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Feb 25 1933

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 Wash

IF DEATH IN plain terms, so that it may be properly classified. ...N is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87967

CERTIFICATE OF DEATH 107-001

E 87967

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1731 Terrell Place St., 8-04 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Robinson

(a) Residence: No. 1731 Terrell Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Robinson

6. DATE OF BIRTH (month, day, year): Nov. 24, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
80	2	29 27	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT: Mrs. Joseph Kane
(Address) 1421 N Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Date: Feb. 25, 1933

19. UNDERTAKER: George [illegible]
(Address) 1732 Huntington Ave
Date: FEB 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933 to Feb 22, 1933

I last saw her alive on Feb 22, 1933 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Faust Feghali, M. D.

(Address) 1823 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87968

CERTIFICATE OF DEATH

E 87968

1. PLACE OF DEATH Baltimore City Hospital 93-003

Registered No.

CITY OF BALTIMORE: (No. Balto. md St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Shorter

(a) Residence: No. 417 N. Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0+0

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

FATHER

13. NAME Louis Shorter

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 2-27 1933

19. UNDERTAKER Robt. J. Williams (Address) 15-18 McElderry St

20. FILED FEB 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1933 to 2-22 1933

I last saw him alive on 2-22 1933 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?
Other contributory causes of importance: acute Nephritis	
interstitial chronic	1-10-33
arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

2-24-33 I saw also, specify

(Signed) Elmer Highbarger M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87969 118 X E 87969

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2519 Francis ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Margaret E. Barnes

(a) RESIDENCE NO. 2519 Francis ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis J. Barnes

6 DATE OF BIRTH (month, day, and year) Jany 6th 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	One	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Henry Poole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Mary E. Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

14 Informant Mrs Carrie Criswell

(Address) 2519 Francis St.

15 Filed FEB 24 1933, Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23/33

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 23, 1933, that I last saw h[illegible] alive on July 20, 1933 and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Duodenal indigestion

Heart attack

2 hrs. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age, Diabetes Insipidus

Dropsy. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E E Arnold, M. D.

7/23 1933 (Address) 1605 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Mount Pleasant

DATE OF BURIAL July 27 1933

20 UNDERTAKER H Bankard & Son

ADDRESS Westminster Md

mation should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. OCCUPATION should be given for every person, particularly for women, whether actively employed or not. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

E 87970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87970

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb) St. 26-64 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa F. Kasik

(a) Residence: No. 619 N. East ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 25, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME August Sina

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Barbara Kranicka

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Feb 27 1933

19. UNDERTAKER Harburger Bros
(Address) Baltimore, Md.

Filed ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from January 18 1933 to February 24 1933

I last saw her alive on February 24 1933. Death is said to have occurred on the date stated above, at 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7-1932
Other contributory causes of importance:	
Post encephalitic Parkinsons disease.	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stace, M. D.

(Address) Baltimore City Hospitals

FEB 24 1933

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87971

CERTIFICATE OF DEATH 82-001

E 87971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Reitze

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Nuchel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Rein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 25 1933

19. UNDERTAKER Joseph A. Cook
(Address) 1003 W. Baltimore St.

Huntington Williams M.D.
Registrar. 2/24/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1933 to 2/23, 1933

I last saw her alive on 2/22, 1933 Death is said to have occurred on the date stated above, at 10, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/19/33
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) A. Heller Deming M. D.

(Address) 2000 Hollins St.

EB 24 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87972

CERTIFICATE OF DEATH

E 87972

124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S. Exeter St., 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. C. Cormick

(a) Residence: No. 122 S. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 30 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71.	1 10	8 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. C. Cormick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Wickin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas V. Cormick
(Address) 122 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 28, 1933

19. UNDERTAKER Wendell Stewart
(Address) 350 S. Eden St

Received FEB 24 1933 Huntington Fitzhugh, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1933 to Feb 23, 1933

I last saw him alive on Feb 23, 1933 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cirrosis of Liver	5 years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 17 E. 50 Mons

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 87973 E 87973

CERTIFICATE OF DEATH

54-002 Registered No.

1. PLACE OF DEATH Providence Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgiana Hughes

(a) Residence: No. 408 Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col.	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Raymond Hughes

6. DATE OF BIRTH (month, day, year) May 8 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington (State or country) D. C.

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Friedrick Hughes

(Address) 408 S Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb 25 1933

19. UNDERTAKER Wendell Harper

Address 1300 Eutaw St Baltimore, Md.

20. FILED FEB 24 1933, 19 R P H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1932 to 2-23, 1933

I last saw her alive on 2-23, 1933 Death is said to have occurred on the date stated above, at 12:28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-Pneumonia	2-1-33

Other contributory causes of importance:

Name of operation Hysterectomy Date of 1-2-33

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Harris M. D.

(Address) Providence Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87974 E 87974

CERTIFICATE OF DEATH

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 14 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Emma Brautigam

(a) Residence: No. 1745 Park Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry A Brautigam

6. DATE OF BIRTH (month, day, year) Sept 18-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John E Mosher

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Theresa M Bauer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry Brautigam
(Address) 1745 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/27 19 33

19. UNDERTAKER Stewart & Mowen Co
(Address) 106 W Northam Ave Huntington Woodlawn, N.Y.

Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Poisoned by Phenol

Suicide

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

B 24 1933

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87975

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1247 James St. 21-84 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Parley

(a) Residence: No. 1247 James St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Parley

6. DATE OF BIRTH (month, day, year) Aug. 19 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James F. Bailey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Dixon

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT George S. Parley

(Address) 1247 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 25 1933

19. UNDERTAKER John F Denny

(Address) 715 Light St.

FEB 24 1933

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Feb 22, 1933

I last saw her alive on Feb 22, 1933. Death is said to have occurred on the date stated above, at 2.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1931
Other contributory causes of importance: Myocardial Decompensation	Feb 19 1933

Name of operation no Date of no

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Buchman M. D.

(Address) 375 S. Stricker St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87976 E 87976

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4715 Delaware Ave. St. 27-01 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Ann Cummins

(a) Residence: No. 4715 Delaware Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Norris E. Cummins

6. DATE OF BIRTH (month, day, year) Oct. 19 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles M. Griffin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Susan Dill

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Norris E. Cummins
(Address) 4715 Delaware Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 27. 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. [illegible] Huntington Williams, M.D.
Registrar.

FEB 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1931 to Feb. 24 1933

I last saw her alive on Feb. 24 1933 Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unk
Carcinoma of lungs and uterus	"

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87977

CERTIFICATE OF DEATH

106-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1603 Aliceanna Street St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion . Grzymala

(a) Residence: No. 1603 Aliceanna Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. [illegible] time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Victor . Grzymala

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine . Wengrzeniak

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mr. Victor . Grzymala

(Address) 1603 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Feb 25 1933

19. UNDERTAKER John A. Welby

(Address) 401 [illegible] Huntingdon Pennsylvania

[illegible] 1933 Registrar.

FEB 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933 to Feb 23 1933

I last saw him alive on Feb 23 1933. Death is said to have occurred on the date stated above, at 1130 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	2/19/33
Other contributory causes of importance:	
Cardiac Paralysis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. Reynolds M. D.

(Address) 801 N Kenwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87978

CERTIFICATE OF DEATH

13

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 313 S. Chester Street St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank . Wrzask

(a) Residence: No. 313 S. Chester Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna . Wrzask

6. DATE OF BIRTH (month, day, year) September 16 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacub . Wrzask

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs . Anna . Wrzask Wife

(Address) 313 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 27, 1933

19. UNDERTAKER John H. Weber

(Address) 1401 S. Chester St

... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1933 to Feb. 23 1933

I last saw h... alive on Feb. 22 1933. Death is said to have occurred on the date stated above, at 1:17 Am.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Chronic Bronchitis — Date of onset

Other contributory causes of importance: Chronic Nephritis.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Sawowski M. D.

2/27/33 (Address) 2027 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 25 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87979

CERTIFICATE OF DEATH

E 87979

117-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St. 8-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank William Henry

(a) Residence: No. 1627 E Bond St St., Ward. Hab. 5

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (writs the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ann M. Henry

6. DATE OF BIRTH (month, day, year) July 29 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	6	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Henry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Madden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date Feb 27 1933

19. UNDERTAKER Wm J Tucker & Sons

(Address) 1101 E Fayette St

20. FILED FEB 25 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1932 to Feb. 24th 1933

I last saw him alive on Feb. 24th 1933 Death is said to have occurred on the date stated above, at 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	1916
Acute gastric enterocolitis	Dec
followed by dehydration from adhesions	
Duodenojejunostomy & gastroenterostomy	Dec
followed by fecal vomiting	

Other contributory causes of importance:

(1) Gastroenterostomy and ? enterocolostomy

Name of operation (2) Duodenojejunostomy Date of Dec

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Heil M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

87980 87980

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1929 W. Baltimore St. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte E. Witthaus

(a) Residence: No. 1929 W. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estate Sarah L. Witthaus

6. DATE OF BIRTH (month, day, year) Nov. 2, 1844.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward H. Wellinchoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Minnie J. Witthaus

(Address) 1929 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 25, 19 33

19. UNDERTAKER Harry H. Reitz Sons

(Address) 1601 Druid Park Ave.

20. Filed 19 Registrar.

FEB 25 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Feb 24/33

I last saw her alive on Feb 24, 19 33 Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Other contributory causes of importance:	
Senile change	
Coma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. Thy McCurry M. D.

(Address) 1000 Paysan 19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 87981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87981

CERTIFICATE OF DEATH

(Tarmon) ✓

108

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. 515 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Berta Tarmon (Tarmon)

(a) Residence: No. 3411 Montdawmin Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 1872 Feb 22

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11.0	1 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stafford Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville Maryland

FATHER

13. NAME John W Tarmon

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Maryland

MOTHER

15. MAIDEN NAME Laura Loverton

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Maryland

17. INFORMANT E E Hayden

(Address) Bath Md

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cem Md Date 2/27- 33 19

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hoffman Sts

20. FILED Huntington Williams Registrar

E. P. W.

EB 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1933 to February 23 1933

I last saw her alive on February 23, 1933 Death is said to have occurred on the date stated above, at 5 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip J. Lerner M. D.

(Address) West Balto Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 87982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Laurens St., 15-34 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgianna Brown

(a) Residence: No. 1126 Laurens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Brown

6. DATE OF BIRTH (month, day, year) July 11th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	58	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Endlas Green

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Fannie Bullen

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Annie Howard

(Address) 1309 Lamont St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 28th 1933

19. UNDERTAKER James E. Shuff

(Address) 1005 Carrollton Ave

20. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1933 to 2/25 1933

I last saw h[illegible] alive on 2/25 1933. Death is said to have occurred on the date stated above, at 7:35 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mel.	
Uremia	
Gangrene	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Clark Kelly, M. D.

(Address) 2135 O-H Ave

FEB 25 1933

N. B.—WRITE PLAINLY with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 87983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 87983

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Forge Ave St. 27-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Freeland

(a) Residence: No. 1419 Forge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Freeland

6. DATE OF BIRTH (month, day, year) Feb 15, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Stuzka

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bessie Freeland

(Address) 1419 Forge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion, Freeland, Md. Date Feb 26, 1933

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave.

20. FILED Feb 25 1933 [illegible] Registrar.

FEB 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1932 to Feb. 23, 1933

I last saw h/w alive on Feb 23, 1933. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931
(Other contributory causes of importance: Interstitial Carcinoma of Liver & Int. Carcinoma of Peritoneum	7/1/32

Name of operation Gastro-Enterostomy Date of 9/17/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

87984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87984

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Church Hosp.

CITY OF BALTIMORE: (No. Leonard & Eden St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Lowe

(a) Residence: No. 528 E. 35th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Lowe

6. DATE OF BIRTH (month, day, year) Dec 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Ironer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 841

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Talbott Lowe

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Miriah Ebaugh.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Isabelle Lowe.

(Address) 528 E. 35th St.

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Date 2-27, 1933

19. UNDERTAKER Ehrenwerth Coll.

(Address) 3405-17 Shelburne Ave.

20. FILED Huntington Williams, M.D. Registrar.

FEB 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21-33, 19..., to 2-25-33, 19 33

I last saw h[illegible] alive on 2-23, 19 33 Death is said to have occurred on the date stated above, at 5:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	2-21-33

Other contributory causes of importance:

Arteriosclerosis

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. Z. Emanuel Jr. M. D.

(Address) Lorraine Hosp.

M. D. B. 1268-9

E 87985 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87985

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. 5 G. St. 43-04 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Strouse

(a) Residence: No. Riviera Apts. 5 G. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Kahn Strouse

6. DATE OF BIRTH (month, day, year) Nov. 29, 1846

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	86	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnfgr.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bavaria.

FATHER

13. NAME Moses Strouse

14. BIRTHPLACE (city or town) (State or country) Bavaria.

MOTHER

15. MAIDEN NAME Sophie Cahn

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. M.B.Strouse

(Address) Emersonian Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oheb Shalom Date Feb. 26 1933

19. UNDERTAKER Baird Sondheimer & Son

(Address) 1902 Eutaw Place.

FEB 25 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20. 1933 to Feb 24 1933

I last saw him alive on Feb 23. 1933 Death is said to have occurred on the date stated above, at 7.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 24 33

Other contributory causes of importance:

Arteriosclerosis Dyspnoea	1916
Angina pectoris	1924

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis F. Hamburger, M. D.

(Address) 1207 Eutaw Place.

E. B.—WRITE PLAINLY, WITH UNFADING INK. This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87986

HEALTH DEPARTMENT—CITY OF BALTIMORE E 87986

CERTIFICATE OF DEATH

X 36

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilbur Michael

(a) Residence: No. Springfield State Hosp St., Ward. West-Pikesville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~Widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Estelle Michael

6. DATE OF BIRTH (month, day, year) Dec 14th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas Michael

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Md Date 2/27/1933

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St.

20. FILED FEB 25 1933 H. Livingston Thomas, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1933 to Feb 25th 1933

I last saw him alive on Feb 25th 1933 Death is said to have occurred on the date stated above, at 5:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Febrile illness. ? Encephalitis. ? Marasmus & delirium	2.12.33

Other contributory causes of importance:

Pulmonary congestion. Bilateral	2.21.33

Name of operation None Date of .....

What test confirmed diagnosis? Blood exam. negative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Maurice Ulrman, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87987 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87987

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Lewndale — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Margolis

(a) Residence: No. Lewndale St., ... Ward. Greenspring & Belvedere

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) ? 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Moses

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Rd Date Feb 26 1933

19. UNDERTAKER Fol Levinson & Bro

(Address) 1124 E. Baltimore Huntington Avenue, N.Y.

20. FILED FEB 26 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1933 to 2-25 1933

I last saw h.. alive on 2-24 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days
Hypostemia	
Chr. cardiac - vascular disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edmund Levin M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

87988

HEALTH DEPARTMENT—CITY OF BALTIMORE

87988

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Westwood ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Jacobs

(a) Residence: No. 2001 Westwood ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Isaac

6. DATE OF BIRTH (month, day, year): 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joel Rothman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Leah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abraham Jacobs

(Address) 2001 Westwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Feb 26, 1933

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1327 E. Baltimore St.

Huntington Terrace, Md.

FEB 25 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1930 to Feb. 24, 1933

I last saw h... alive on Feb. 24, 1933. Death is said to have occurred on the date stated above, at 4.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis	

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Victor D. Levy, M. D.

(Address) 2324 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87989

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Eutaw & Caton Aves St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Mr Isaac Gelberg

(a) Residence: No. 1522 E. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Gelberg

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer Gelberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Van Krown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Isaac Gelberg

(Address) 1522 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-26-33 19

19. UNDERTAKER Levi Levin Son

(Address) 1732 E. Baltimore St

20. FILED FEB 26 1933 Huntington Ave. Cemetery N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1933 to Feb 25 1933

I last saw h alive on Feb 25 1933. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	2 yrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Tomaton M. D.

(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 87990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 87990

142 Broadway SFM

V 112

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Waldorf on 15-81 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Cecilia Richmond

(a) Residence: No. 2831 Waldorf St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos. Levy
(Address) 1439 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-26-33

19. UNDERTAKER Levy Lewis Son
(Address) 1439 E. Balto St.

20. FILED 19 Registrar.

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Feb 27 1933

I last saw h alive on Feb 24 1933 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchial Asthma 5 years	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Levy M. D.

(Address) 1439 E Baltimore

M. D. P. 1932

E 87991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87991

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 6808 Park Heights Ave) 27th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry R. Jones

(a) Residence: No. 6808 Park Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE~~ of) Ella Shaw Jones

6. DATE OF BIRTH (month, day, year) March 5-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emma Bealand

16. BIRTHPLACE (city or town) (State or country) Sheffield England

17. INFORMANT Mrs. Harry R. Jones

(Address) 6808 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2-25-33 1933

19. UNDERTAKER F. B. Hepburn

(Address) 3600 Eutaw Place

20. FILED [illegible] 1933 Huntington Williams

FEB 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1931, to Feb 25, 1933

I last saw ~~him~~ alive on Feb 19, 1933. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Vascular disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm S Love M. D.

(Address) 2211 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Form
87992

HEALTH DEPARTMENT—CITY OF BALTIMORE 87992

CERTIFICATE OF DEATH

V 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George E. Chenoweth

(a) Residence: No. 4514 Mansfield Ave., Montebello Park Ward. Balto. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. George E. Chenoweth

6. DATE OF BIRTH (month, day, year) May 23-1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year) D

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Fernand Chenoweth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Walker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna Lee (Address) 4514 Mansfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 2/28/ 33

19. UNDERTAKER F. D. Heyman (Address) 1330 Eutaw Place

20. FILED FEB 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1932 to Feb 25 1933

I last saw h[illegible] alive on Feb 25 1933 Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 1st 1933

Other contributory causes of importance:

Sarcoma of Skull	27
Tuberculosis of Spine	??

Name of operation [illegible] Bone Graft Date of April 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Her occupation Hard work

(Signed) John M. Bruce M. D.

(Address) Union Mem. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

87993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87993

V 54

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Carrie Schaefer

(a) Residence: No. 750 W. Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Schaefer

6. DATE OF BIRTH (month, day, year) Nov. 2, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Barle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Hannenburg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude Keegan (Address) 750 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/27/33

19. UNDERTAKER F. B. Wentzel (Address) 1300 Eastern Ave

FILED FEB 28 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-14- 1933 to 2-22 1933

I last saw her alive on 2-22 1933 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Complicated by Diabetic	
gangrene	Feb. 1-33
Other contributory causes of importance:	
Myocardial failure	2-22-33

Name of operation Mid-thigh Amputation Date of 2-21-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

87994

HEALTH DEPARTMENT—CITY OF BALTIMORE 87994

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Rennert Baltimore Md Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Grinn Hamilton

(a) Residence: No. Hotel Rennert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of widow of John L Hamilton

6. DATE OF BIRTH (month, day, year) May 17 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William G. Grinn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Manty

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lena H Clark

(Address) Severn Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 27 1933

19. UNDERTAKER Mary A Gauttrop

(Address) 2837 Rayner Ave Balto Md

20. FILED Feb-24 1933 [illegible] Registrar.

FEB 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-33

22. I HEREBY CERTIFY, That I attended deceased from about 2-20-33 to 2-24 1933

I last saw her alive on 2-24 1933. Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Aortic Sclerosis	

Other contributory causes of importance:

Age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Jamison M. D.

(Address) 1 W Mt Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-A

87995

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 87995

CERTIFICATE OF DEATH

X V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Poplar Grove St, St., 11th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Martin

(a) Residence: No. Mercersburg Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Martin

6. DATE OF BIRTH (month, day, year) Dec 4, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little Cove Penn

FATHER

13. NAME Jacob Meyers

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Secrist

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Mildred Mosser

(Address) 1223 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Mercersburg Pa Date Feb 28 1933

19. UNDERTAKER W M Cook

(Address) 1219 E Fayette St

20. FILED FEB 28 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1932 to Feb 25 1933

I last saw h alive on Feb 25 1933 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Edema Senile Heart	2 yrs
Other contributory causes of importance:	
Senile Debility	2 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H S Gehry M. D.

(Address) 647 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 87996 HEALTH DEPARTMENT—CITY OF BALTIMORE E 87996

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Whitney Ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pinkney H. Jefferson

(a) Residence: No. 2901 Whitney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10th 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Purser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake S. S. Co

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm J. Jefferson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Katherine Bauers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Jefferson
(Address) 2901 Whitney Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 28th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED FEB 28 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 25, 1933.

I last saw him alive on Feb 25, 1933 Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/20/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Wallace Frey M. D.

(Address) 1128 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

E 87997 — Spec. 209 Bks.

E 87997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1420 N. Broadway Ward) 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hickman

(a) RESIDENCE NO. 1420 N. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary G. Hickman

6 DATE OF BIRTH (month, day, and year) July 5th 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	53	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Baggage Room

(c) Name of employer Penna R. R.

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER James R. Hickman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary L. Anthony

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Mary G. Hickman

(Address) 1420 N. Broadway

15 Filed FEB 26 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1933, to Feb. 24, 1933, that I last saw him alive on Feb. 24, 1933, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar T. Sandrock, M. D.

. 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Balto. Cemetary	Feb 27th 1933

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 87998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87998

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gail Hospital St., 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard L. Mills

(a) Residence: No. 510 Edgewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Mills

6. DATE OF BIRTH (month, day, year) July 3rd 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Mills

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cassandra Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Emma Mills

(Address) 510 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 26 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1933, to 2-24, 1933

I last saw him alive on 2-24, 1933. Death is said to have occurred on the date stated above, at 5'15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	1 yr.
Paralytic Ileus	3 1/2 days.

Other contributory causes of importance:

Carcinoma of Sigmoid Colon Flexure & Complete obstruction + Metast to Liver	1 yr. 1 mo.

Name of operation Micrurition Date of 2-21-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph N Zierler M. D.

(Address) 227-8 Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 87999 E 87999

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Payson St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C McCarthy

(a) Residence: No. 912 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Louise McCarthy

6. DATE OF BIRTH (month, day, year) Sept 21st 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 (73)	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Paver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Andrew McCarthy

14. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kate Dolan

(Address) 2103 Ridgehill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Feb 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1933

22. I HEREBY CERTIFY. That I attended deceased from Feb 1- 1933 to Feb 24- 1933

I last saw him alive on Feb 23 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/1/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cullen M. D.

(Address) 1142 N Broadway Balto Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 88000 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88000

CERTIFICATE OF DEATH

√ 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Powell Ave St. 27-61 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Gill

(a) Residence: No. 4308 Powell Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
	49	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electro- typer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Sales Book Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William F. Gill

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Adeline M. Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Adeline M. Gill (mother)
(Address) 306 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/27 1933

19. UNDERTAKER Wm Cook
(Address) 1212 E Pratt St.

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Bronchial Asthma ?	yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John Hatem , M. D.
Coroner

(Address) 508 E North Ave

RECORD. Every item of information should be carefully supplied. AGE should be stated in years. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 lbs.

E 88001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88001

CERTIFICATE OF DEATH

82-004

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 340 S. Smallwood ST. 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa Hanenstein

(a) RESIDENCE NO. 340 S Smallwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: J. C. Hanenstein

6 DATE OF BIRTH (month, day, and year): June 14-1860

7 AGE — Years: 72 — Months: 8 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wolfert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John C. Hanenstein
(Address): 340 S. Smallwood St.

15 Filed: Hattie [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23/33

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Feb 23, 1933, that I last saw h Ealive on Feb 23, 1933, and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Left Side Hemiplegia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kahn, M. D.

Mar. 15, 1933 (Address) 2027 W Cold

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb. 27

20 UNDERTAKER: George L. Schwartz — ADDRESS: 201 Fre

A PERMANENT RECORD. Every item of information should be carefully supplied. WITH EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so ... may ... important. See instructions on back of certificates. Exact statement of OCCUPATION is very

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88002

E 88002

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2826 E. Madison St. St. 706 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME WALTER T. GRAY.

(a) Residence: No. 2826 E. Madison St. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Anna Gray.

6. DATE OF BIRTH (month, day, year) Feb. 17 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: ? Gray

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Raymond Gray (Son)
(Address): 2826 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Date: Feb. 27. 1933

19. UNDERTAKER: Lilly & Zeiler Inc.
(Address): 403 S. Wolfe St.

20. FILED ... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1933 to Feb 23 1933

I last saw him alive on Feb 23 1933. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1/15/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. Rydael M. D.

(Address) 801 W Lanvale Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1933

E 88003

E 88003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 S. Hanover St. 23-01 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Ruthloff

(a) Residence: No. 1639 S. Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 14th 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Frederick Ruthloff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Willick

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Mary Ruthloff

(Address) 1639 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

St. Louis Bradshaw Md Date Feb 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933 to Feb. 24, 1933

I last saw him alive on Feb. 24, 1933. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum (Indefinite)	
Other contributory causes of importance:	
Exhaustion	2.23.33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Campbell M. D.

2.25.33 (Address) 1644 Hanover Street

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88004

E 88004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N Hilton St. 20-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Patrick Murphy

(a) Residence: No. 410 N Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Mar

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Elizabeth Murphy

6. DATE OF BIRTH (month, day, year) Oct 21-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (city or town) (State or country) Millerstown Pa

FATHER

13. NAME Patrick Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Whaley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Murphy

(Address) 410 N Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Date 2/27, 1933

19. UNDERTAKER Leonard Rush

(Address) 685 Hollins St

20. Filed FEB 26 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933 to Feb-24, 1933

last saw h~~im~~ alive on Feb-23, 1933. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Cerebral Thrombosis Coronary artery	1927 2-23-33
Other contributory causes of importance: Acute Coryza	2-23-33

Name of operation ~ Date of ~

What test confirmed diagnosis? P E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 19.....

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) John S. Bishop M. D.

(Address) 1706 N Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 88005 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88005

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4612 Frankford Ave St., Ward) Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Hoffmeyer Jr.

(a) Residence: No. 4612 Frankford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence R. Hoffmeyer

6. DATE OF BIRTH (month, day, year) April 5 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	9	29/30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce 1043

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME John G. Hoffmeyer

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Florence R. Hoffmeyer

(Address) 4612 Frankford Av

18. BURIAL, CREMATION, OR REMOVAL Oakland Cem Date 2/28 1933

19. UNDERTAKER Leonard J. Rzepka

(Address) 5305 Harford Rd

20. FILED ... Registrar.

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to 2-24 ... 19..

That I saw h... alive on 2-24 ... 19.. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	3 wks

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation ... Date of ... 0

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reg Reynolds M. D.

(Address) 900 Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—8-16-29—L. F. S.—100 Blks.

E 88006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88006

CERTIFICATE OF DEATH 93-003

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 2401 Brohawn Ave 25th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine L. Knipp.

(a) RESIDENCE NO. 2401 Brohawn Ave ST., 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ Late Louis Knipp.

6 DATE OF BIRTH (month, day, and year): Sept 11/63

7 AGE: Years 69 | Months 5 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 037

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Germany Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Rethmiller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Lorene Walters

(Address): 2401 Brohawn Ave

15 Filed FEB 26 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25/33

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 25, 1933, that I last saw her alive on Feb 25, 1933, and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic. C
Acute decompensation

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Hypotension.

(duration) ? yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) H Hammond Hurley M. D.

4/25, 1933 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: March 4 1933

20 UNDERTAKER: A Howard Evans & Forties | ADDRESS

M. D. B. 1268-9

E 88007

HEALTH DEPARTMENT—CITY OF BALTIMORE E88007

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Auerbach

(a) Residence: No. 507 South Newkirk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9-1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 2/12	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Md.

FATHER

13. NAME Samuel F Auerbach

14. BIRTHPLACE (city or town) ... (State or country) Md

MOTHER

15. MAIDEN NAME Elenora Silenn

16. BIRTHPLACE (city or town) ... (State or country) Md

17. INFORMANT Samuel F Auerbach
(Address) 507 S. Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 27, 1933

19. UNDERTAKER Leo S. Cook
(Address) 1723 N Pratt Park Ave.

20. FILED ... 19... ... Registrar.

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1933, to Feb. 24, 1933

I last saw him alive on Feb 24, 1933. Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Streptococcus Meningitis	Feb. 17
2) " Septicemia	" 17
3) Cardiac Failure	" 24
4) Pulmonaly Edema	" 23
Other contributory causes of importance: Otitis Media	Feb. 12

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel L Greer M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 88008 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88008

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs. ....mos.... ds.

2. FULL NAME Mary Stanton

(a) Residence: No. 3 Bridge Ave., Rosedale, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Stanton

6. DATE OF BIRTH (month, day, year) Nov 7/1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Henry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Henry 1915 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 27th 1933

19. UNDERTAKER Leo G. Cook

(Address) 1723 N. Patterson Park Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 , to ..... , 19.....

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	???

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. L. Mann M. D.

Coroner

(Address) 708 E. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88009

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Mary Ave. St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Jane Greenfield

(a) Residence: No. 3620 Mary Ave. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Sept. 22. 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework in her

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Caleb W. Greenfield

14. BIRTHPLACE (city or town) (State or country) Balt., Md.

MOTHER

15. MAIDEN NAME Ann Jane Harvey

16. BIRTHPLACE (city or town) (State or country) Middletown Delaware

17. INFORMANT Harvey Greenfield

(Address) 3620 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb. 27, 1933

19. UNDERTAKER Frederick Lassahn Sons

(Address) 7401 Belair Rd.

20. FILED Huntington Williams, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932 to Feb. 25, 1933

I last saw her alive on Feb. 24, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glosso-labial-pharyngeal paralysis	Feb. 10
Other contributory causes of importance:	
General Arteriosclerosis	Over
Chronic Diffuse Nephritis	20
	yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. L. Wilkinson M. D.
A. L. Wilkinson

(Address) 6715 BelAir Rd.

M. D. R. 1927

E 88010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88010

11-002

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Gay Street St., 8-01 Ward)

Length of residence in city or town where death occurred 15 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pierina Arcilesi

(a) Residence: No. 1817 N. Gay Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giuseppe Arcilesi

6. DATE OF BIRTH (month, day, year) Nov. 2, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giuseppe Porto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Giuseppina Pandolfini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Giuseppe Arcilesi

(Address) 1817 N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 27, 1933

19. UNDERTAKER George J. Potts Inc

(Address) 1735 Harford Ave Jones

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to Feb. 24, 1933

I last saw h alive on Feb. 24, 1933. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

(1) acute gastritis.
(2) acute myocarditis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas L. Kerstadt. M. D.

(Address) 1730 Linden Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. H. 1268-9

88011 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88011

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1001 W. Lanvale (St.) (Ward) 16-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Cole

(a) Residence: No. 1001 W. Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Cole

6. DATE OF BIRTH (month, day, year) Apr 14 1889

7. AGE: Years 43 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Cole

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Armstrong

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Beatrice Cole

(Address) 1001 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 2-27 1933

19. UNDERTAKER George T. A. Gibson

(Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from Frequent ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Schuck Coroner, M. D.

(Address) 611 Druid

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88012

E 88012

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Boulden St. 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B. Sunderland

(a) Residence: No. 526 S. Boulden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARYLAND RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Sunderland

6. DATE OF BIRTH (month, day, year) July 8, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stanlus Perda

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Perda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Thomas J. Sunderland
(Address) 526 S. Boulden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Feb 27, 1933

19. UNDERTAKER John F. Ingram
(Address) 3000 E. Balto St.

20. FILED Feb 27, 1933 [illegible] Registrar

FEB 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1932 to Feb 23 1933
last saw her alive on Feb 23 1933. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Carditis	8/32
Acute Myo-Carditis	2/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. G. Ivens, M.D.

(Address) 2047 Hoffman St. Balto

M 88013 E 88013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. md St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lou C. Frazer

(a) Residence: No. 1114 E 30th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie A. 1858?

6. DATE OF BIRTH (month, day, year) June 14 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter, 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

FATHER

13. NAME Robert Frazer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Elliot

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Feb 27, 33

19. UNDERTAKER John A. Inman (Address) 2000 E. Balto St.

20. FILED FEB 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-33

22. I HEREBY CERTIFY, That I attended deceased from 12-9-32 to 2-24-33

I last saw him alive on 2-24-33 Death is said to have occurred on the date stated above, at 2:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	?

Other contributory causes of importance:

Acute Myocardial insufficiency	12-9-32

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-24-33 (Signed) James Higgins M. D.

(Address) Balto. City Hospitals

AACo. 5-31 250B

E 88014 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88014

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 x Ellamont St. 15-04 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kane

(a) Residence: No. 750 x Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bartholomew Kane

6. DATE OF BIRTH (month, day, year) — 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Mallaya

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Hara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Kane
(Address) 750 x Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 27 1933

19. UNDERTAKER Maskell & Flynn
(Address) 15 x Eager St.

20. FILED FEB 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Feb 23, 1933

I last saw her alive on Feb 23 1933 death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis & anuria of 3 days	2
Other contributory causes of importance:	
Hypostatic pneumonia	5

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury —, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Earle P. Clemsen M. D.

(Address) Charles & 33rd Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 88015

E 88015 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 E 21st St. 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry J Shea

(a) Residence: No. 527 E 21st St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Margaret Shea

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	54	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Shea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nihelan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs M. Shea

(Address) 527 E 21 St

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date Feb 27 1933

19. UNDERTAKER Mary M Wiedefeld

(Address) 501 E 22nd St

FILED FEB 26 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to Feb 24/, 1933

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency 4 mos	
Other contributory causes of importance: Myocarditis Pulmonary Edema	11/27 "

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J Kelly, M. D.

(Address) 532 E 22nd

H. D. B. 1268-a

88016

269127

Fed

HEALTH DEPARTMENT—CITY OF BALTIMORE 88016

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 3-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Markwardt

(a) Residence: No. 529 S Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 5-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7 8	— 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Markwardt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Grossman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place First Evangelical Cem. Date Feb. 27 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Lloyd L. Sander

(Address) Baltimore ST & Broadway.

20. FILED FEB 27 1933 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1933 to 2-27-1933

I last saw her alive on 2-27-1933. Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 wks
Other contributory causes of importance:	
Otitis Media	4 wks

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allan Roos, M. D.

(Address) J. H. H.

E 88017

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88017

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 131 — Registered No. .....

CITY OF BALTIMORE: (No. Balto md St. [illegible]-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joe Debowski

(a) Residence: No. 3201 E. Pratt Ave St. ..... Ward. .....
(Usual place of abode) East Ave Fayette (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie —

6. DATE OF BIRTH (month, day, year) 4-4-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 49	10	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joe Debowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Francis ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Russian Orth. Place Date Feb. 21, 33

19. UNDERTAKER John Grabiancka
(Address) 423 S. Paca St.

20. FILED ..... 19..... Registrar.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-33

22. I HEREBY CERTIFY, That I attended deceased from 12-5-32 19..... to 2-24-33 19.....

I last saw him alive on 2-24-33 19..... Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	?
	,

Other contributory causes of importance:

Uremia secondary	2-15-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify .....

2-24-33 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.D. 88018 E 88018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Reisterstown Rd St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Frances Hambleton

(a) Residence: No. 3110 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Emory Hambleton

6. DATE OF BIRTH (month, day, year) May 14 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa

FATHER

13. NAME William Yager

14. BIRTHPLACE (city or town) (State or country) Reading Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hamburg Pa

17. INFORMANT Mr Arthur G. Hambleton

(Address) 3110 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Feb. 26. 1933

19. UNDERTAKER Wm Fletcher Sons

(Address) North & Pa Ave

Registered by me this day

FEB 27 1933

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Feb 25, 1933

that I last saw him alive on Feb 25, 1933. Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930?
Other contributory causes of importance:	
Bronchio-pneumonia	Feb 5-33
Myocarditis	Feb 5-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J Frederick Leib, M. D.

(Address) Temple Garden Apts

Spec.—1-10-21—M&T—1500 Blks.

E 88019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88019

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 308 E. Randall St. ST. 24-01 WARD)

2-FULL NAME Nellie Schuber Nagle.

(a) RESIDENCE NO. 308 E Randall St ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 - 1893

7 AGE — Years: 39 — Months: 7 — Days: 29 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book Keeper- 008

(b) General nature of industry, business, or establishment in which employed (or employer): Paper business—

(c) Name of employer: Hubbs Corning Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles F. Nagle.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md—

12 MAIDEN NAME OF MOTHER: Georgeanna Caskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Nora Louder

(Address): 1826 E. 28th St.

15 Filed FEB 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1933, to Feb. 25, 1933, that I last saw her alive on Feb. 24, 1933, and that death occurred, on the date stated above, at 12.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 9hrs.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Clarence Stewart, M. D.

2/26, 1933 (Address) 1738 E. 28th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Feb 27 1933

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—RESERVED FOR BINDING

M. D. B. 1268-9

E 88020 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88020

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH Franklin Square Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Neal

(a) Residence: No. 220 W. Lorraine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Alfred G. Neal

6. DATE OF BIRTH (month, day, year) Sept 2nd 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alfred Shaw

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia V. Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alfred G. Neal
(Address) 220 W. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cemetery, Mt. Lebanon Cemetery, Mt. Olivet Cemetery, Mt. Pleasant Cemetery, Mt. Auburn Cemetery, Mt. Carmel Cemetery, Mt. Zion Cemetery, Mt. Hope Cemetery, Mt. Moriah Cemetery, Mt. Calvary Cemetery, Mt. Royal Cemetery, Mt. Vernon Cemetery, Mt. Washington Cemetery, Mt. Wilson

M. D. B. 1208-9

B 88021

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 88021

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Augusta Ave St., 10-01 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Katherine Gauss

(a) Residence: No. 24 Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Fred Gauss

6. DATE OF BIRTH (month, day, year) Feb 8 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyfford Co (State or country) Maryland

FATHER

13. NAME Marcus Shugle

14. BIRTHPLACE (city or town) France (State or country)

MOTHER

15. MAIDEN NAME Mary Rearick

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Gertrude Kerr

(Address) 26 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pat Cathedral Cem Date Feb 27 1933

19. UNDERTAKER Joseph Lyles

(Address) 1600 N Howard St

20. FILED FEB 27 1933 H.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1933 to Feb 23 1933

I last saw her alive on Feb 23 1933 Death is said to have occurred on the date stated above, at 11-20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) 1 Fredericks Augusta Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

88022

HEALTH DEPARTMENT—CITY OF BALTIMORE 88022

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH St. Jos. Hospital

CITY OF BALTIMORE: (No. 4614 Roland Ave St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kenneth Whitely

(a) Residence: No. 4614 Roland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	9	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Carroll M Whitely

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Helen Sander

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Carroll M Whitely

(Address) 4614 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Feb 28 1933

19. UNDERTAKER Frank E Zachau

(Address) 1906 Eutaw Place

20. FILED FEB 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933 to Feb 25, 1933

I last saw him alive on Feb. 23, 1933. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Bilateral empyema (lung)
Pneumothorax - left lung

Other contributory causes of importance:
Pneumonia - lobar left
Leukemia

Name of operation Thoracotomy Date of 2-5-33 2-10-33

What test confirmed diagnosis? Open Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Phillip Dress M D

(Address) St. Jos. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88023

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5200 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Wolfe

(a) Residence: No. 1651 Riverton Ave St., Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Musha

6. DATE OF BIRTH (month, day, year): 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Zedula Wolfe

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Bluma

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abe Goodman

(Address) 2000 Whittier Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave Date Feb 27, 1933

19. UNDERTAKER: S Levinson Bro

(Address) 1722 E Baltimore St.

20. FILED FEB 27 1933 Huntington Williamsport, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to February 26 1933

I last saw him alive on Feb. 26, 1933 Death is said to have occurred on the date stated above, at 3 52 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Bronchopneumonia
Chronic Myocarditis

Name of operation: Cecostomy Date of 2/25/33

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88024

CERTIFICATE OF DEATH

107 - E 88024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Miller St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Malissa McMillan

(a) Residence: No. 1615 Miller St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-8-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child (D)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel McMillan

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Hattie

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Hattie McMillan
(Address) 1615 Miller

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 2-27th 1933

19. UNDERTAKER Bynon & Mamie H. Wright
(Address) 2180 McElderry St

20. FILED FEB 27 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1933, to 2-26, 1933

I last saw her alive on 2-26, 1933. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2/20/33

Other contributory causes of importance:

Colds & Bronchitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms & Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R. Blake M. D.

(Address) 924 Linsmith

E. H. 10-1-32—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88025 4 270085

88025

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Cole

(a) Residence: No. 1745 E Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Cole

6. DATE OF BIRTH (month, day, year) January 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Cole

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary McClain

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Mar. 2 1933

19. UNDERTAKER Mrs. R. E. Elliott

(Address) 429 N. Caroline St.

20. FILED ..... 19 .....

Registrar.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933 to Feb 26, 1933

I last saw h. alive on Feb 26, 1933 Death is said to have occurred on the date stated above, at 1.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	?
Primary Carcinoma of liver	?
Myocardial insufficiency ?	1/20/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Carmichael Leighman M. D.

(Address) Johns Hopkins Hospital

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 88026 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88026

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 638 Stirling ST., 5-01 WARD)

2-FULL NAME George Aaron Young

(a) RESIDENCE NO. 638 Stirling ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Rebecca Young

6 DATE OF BIRTH (month, day, and year) 12-25-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	85	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor Of°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George F. Young

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie E. Young

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Mrs. Young (Sister)
(Address) 4215 Evans Chase St.

15 Filed FEB 27 1933 19 _____ Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23. 33

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1933, to Feb. 23, 1933, that I last saw h. L. alive on Feb 23, 1933, and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Myocarditis

(duration) 1 yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(durstion) _____ yrs. _____ mos. 3 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Longcope, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 2/27 1933

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1124 N. Carey

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88027. **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88027.

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Connella

(a) Residence: No. 415 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18/1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Umberto Connelle

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Frances Landi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Father
(Address) 415 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feby 27, 1933

19. UNDERTAKER John Connelli
(Address) 208 Albemarle

20. FILED FEB 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic & Diphtheric	
Ileo-colitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. S. Hagen, M. D.
Coroner

(Address) 508 E. Fountain

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88028

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary C. Mary

(a) Residence: No. 1427 N Patterson Park Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Morris Mary

6. DATE OF BIRTH (month, day, year) Jan 2 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46-	82	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 2-16-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Julius Braust

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Remmers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Morris Mary

(Address) 1427 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feby 28 1933

19. UNDERTAKER John Ullrich & Son

(Address) 2008 Eastern Ave

Registrar.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-17- 1933 to 2-25- 1933

I last saw h.er alive on 2-25- 1933. Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Ileus Post-operative	2-20-33
Myocarditis, Acute	2-20-33

Other contributory causes of importance:

Myocarditis Chronic	2 yrs

Name of operation Contusotomy, Appendectomy of 2-18-33

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard C Cummings M. D.

(Address) The Church Home and Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88029

CERTIFICATE OF DEATH

E 88029

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 So Monroe St., 14-01 (Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony J. Nolan

(a) Residence: No. 1107 So. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of the late Bridget T. Nolan

6. DATE OF BIRTH (month, day, year) Dec 15th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75.	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Anthony Nolan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget Lunken

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Nellie Nolan

(Address) 1107 So Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem. Date 2/28 19 33

19. UNDERTAKER John J Conway Son.

(Address) 901 Hollins St.

20. [illegible] 19 33 for Filbert, MD

Registrar.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25th 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1931 to 2/25 1933

I last saw h[illegible] alive on February 20 1933 Death is said to have occurred on the date stated above, at 3.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular renal disease	!
Other contributory causes of importance: Myocardial degeneration	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. E. Stacy M. D.

(Address) 412 Edmondson Ave

M. D. B. 1268-9

E 88030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88030

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 407 N. Glover Stble-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Horstschneider

(a) Residence: No. 407 N. Glover st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Henry Horstschneider

6. DATE OF BIRTH (month, day, year) Nov. 20-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Veronica Waters

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Veronica Shaeffer
(Address) 407 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 28 1933

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans st.

20. FILED FEB 27 1933 Hunting Town Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1-33, 19..., to 2-24-33, 19...

I last saw her alive on 2/23/33, 19... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gall Bladder	1/1/32

Other contributory causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. Herrmann M. D.

(Address) 2913 E. Baltimore St

U. S.—WHITE PENCIL, WITH CARBONS INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 88031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88031

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Hartmann

(a) Residence: No. 420 N. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cate Emma A Hartmann

6. DATE OF BIRTH (month, day, year) Sept 15-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4 5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. K. 60. 64 5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Gotlieb Hartmann

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT (Address) Mrs. John W. Berg 420 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Feb 27 1933

19. UNDERTAKER (Address) Philip Herring 256 Orleans St

20. FILED ..... 19.... Registrar.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

88032

E 88032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 805 So.Ann St. 2-01 WARD)

2-FULL NAME ANTONI LITERSKI,

(a) RESIDENCE NO. 805 So. Ann ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teofilia Literski,

6 DATE OF BIRTH (month, day, and year) Jan, 9-1857,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .....min.
	76	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto., truckman

(b) General nature of industry, business, or establishment in which employed (or employer). 023

(c) Name of employer For him self

9 BIRTHPLACE (city or town) (State or country) German. Poland

PARENTS

10 NAME OF FATHER Peter Literski,

11 BIRTHPLACE OF FATHER (city or town) German (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) German (State or country) Poland

14 Informant (Address) Mrs. Teofilia Literski, (Wife) 805 So.Ann Street

15 Filed ....., 19.. Registrar Huntington Williams, M.D.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25-33

17

I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1933, to Feb. 25, 1933 that I last saw h.. alive on Feb. 25, 1933 and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did no operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & E.

(Signed) John V. Zgurlynski M. D.

, 19 (Address) 1808 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ St. Stanislaus, DATE OF BURIAL March 1-1933.

20 UNDERTAKER M. F. Sadowski. ADDRESS 1740 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88033

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 St. Martin's Road St. 27-21 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 - mos. - ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Biggs

(a) Residence: No. 203 St. Martin's Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice C. Betts

6. DATE OF BIRTH (month, day, year): Feb. 23, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	3 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Of

10. Date deceased last worked at this occupation (month and year): Dec 28 1932

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Frederick County Maryland, Rocky Mount

FATHER

13. NAME: Joshua Biggs

14. BIRTHPLACE (city or town) (State or country): Unobtainable Maryland, Rocky Mount

MOTHER

15. MAIDEN NAME: Phoebe Morrison

16. BIRTHPLACE (city or town) (State or country): ------- Maryland

17. INFORMANT: Miss Eleanor C. Biggs

(Address): 203 St. Martin's Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 2/28 1933

19. UNDERTAKER: Harry A. Mears & Son

(Address): 800 N. Calvert St.

20. FILED: Hunter Williams Registrar

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1932 to July 25 1933

I last saw h[illegible] alive on July 25 1933. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Cerebral Arteriosclerosis	
Acute Symptoms beginning Dec.	
23rd 32	
Sequence from Radical Asthenia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Harry J. Berkeley, M. D.

(Address) 1305 Park Ave.

NAME PLAINLY, WITH CAPABLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 88034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88034

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 S.Charles St. ST. 23-01 WARD)

2-FULL NAME John E.Muhly.

(a) RESIDENCE NO 1322 S.Charles St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Dorothea Muhly.

6 DATE OF BIRTH (month, day, and year) September 1, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Eberhart Muhly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Dorothea Muhly.(wife)
(Address) 1322 S.Charles St.

15 Filed FEB 27 1933, 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Acute dilatation of the heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D.
Coroner
2/27/33 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 2-28 1933

20 UNDERTAKER Mrs Chas A Rohde

ADDRESS 2327 Edmondson Ave

INFORMATION FURNISHED, WITH CANADIAN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88035

CERTIFICATE OF DEATH

23 E 88035

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Kirschnick

(a) Residence: No. 1816 Belt st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Kirschnick

6. DATE OF BIRTH (month, day, year) July 30, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Herman Kirschnick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Repose Date 2/28/33, 19...

19. UNDERTAKER T. M. J. Fahey & Sons

(Address) 311 Light St.

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1933

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1933 to February 25, 1933

I last saw him alive on February 25, 1933 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumothorax.	6 days
Pulmonary Tuberculosis.	7-1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1933

Cor.—10-10-29—A Co.—100 Bks.

E 88036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88036

M ✓

CERTIFICATE OF DEATH

× 210-002

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No. Maryland General Hospital St., 11-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias B. Shilling

(a) RESIDENCE NO. Bollinger Mill's, Carroll Co. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Jane Shilling

6 DATE OF BIRTH (month, day, and year) November 3, 1858

7 AGE Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
74	3	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ob
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER William Shilling

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Brothers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Grace L. Brauning
(Address) Sykesville, Md. Route #1.

15 Filed ..., 19... Registrar

FEB 27 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1933. 192

17 I HEREBY CERTIFY, That I took charge of the remains deserибed above, held an inqum & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above. 12 20 A.M.

The CAUSE OF DEATH* was as follows:

Fractured Pelvis
Shock.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Struck by auto while walking on road Westminster Rd Dr. Smallwood 2/25/33 MD

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? ...

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Deer Park Cem. Carroll Co.	March 1, 33

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Road

M. D. B. 1268-9

E 88037 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88037

CERTIFICATE OF DEATH

93-004

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S. Potomac St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Regina Lurz

(a) Residence: No. 103 S. Potomac St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lurz

6. DATE OF BIRTH (month, day, year) Dec. 17th, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Stoucher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Regina Krieg

(Address) 103 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem, Date March 1st. 1933

19. UNDERTAKER Chas F. Price Son

(Address) 118 W. Mt. Royal Ave,

20. FILED MAR 1 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933 to Feb 26, 1933.

I last saw h[illegible] alive on Feb 25, 1933. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	Jan 27
Other contributory causes of importance:	
Myocardial insufficiency	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alson B Pennan M. D.

(Address) 718 N Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88038 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88038

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital 129 Registered No.

CITY OF BALTIMORE: (No. Wilkens Ave. St. 20-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Frank Lasinski

(a) Residence: No. 4013 Frederick Ave. St., Annex Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta Lasinski

6. DATE OF BIRTH (month, day, year) Sept. 5 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Lasinski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Lechmund

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Loretta Lasinski
(Address) 4013 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 28 1933

19. UNDERTAKER Martin Fahey & Sons
(Address) 1827 W. North Ave.

20. FILED FEB 27 1933 Beatrice Tilly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1933 to 2-25 1933

I last saw h~~im~~ alive on 2-25 1933 Death is said to have occurred on the date stated above, at 12 noon p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute peritonitis	2/20/33
(Cause)	
Other contributory causes of importance: acute myocarditis	2/22/33

Name of operation Laparotomy Date of 2/23/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ... Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8spec.—1-30—M. & T.—250 Bks.

E 88039

E 88039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Pierce ST., 18-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Jones.

(a) RESIDENCE NO. 817 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edna Jones.

6 DATE OF BIRTH (month, day, and year) Sept 14-1891

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md —
(State or country)

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Lena Owens

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Emma Smith
(Address) 817 Pierce st

15 Filed FEB 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 19th, 1933, to Feb 25th, 1933, that I last saw h[illegible] alive on Feb 24, 1933, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

La-Grippe.

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar-Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Harry F. Brown, M. D.

2/26 1933 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 2-30 1933

20 UNDERTAKER Read Carter ADDRESS 916 Penn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88040

CERTIFICATE OF DEATH

108 E 88040

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lee

(a) Residence: No. 1916 E. Eager st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ozer Lee

6. DATE OF BIRTH (month, day, year) April 27, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Littleton
(State or country) N. ~~South~~ Carolina

FATHER

13. NAME John Lee

14. BIRTHPLACE (city or town) .....
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Rosie Adams

16. BIRTHPLACE (city or town) .....
(State or country) North Carolina

17. INFORMANT B.C.H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Littleton N.C. Date 2-27th 1933

19. UNDERTAKER Byfort Manor W. Wright
(Address) Huntington Pittsburg, Pa.

20. FILED B 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1933

22. I HEREBY CERTIFY, That I attended deceased from February 21 1933 to February 25 1933

I last saw him alive on February 25 1933 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Febar	Feb 16 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88041

CERTIFICATE OF DEATH

E 88041

178-001

Registered No. 3-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S Bond St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E King

(a) Residence: No. 406 S Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bond

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph King

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Conroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Lee King
(Address) 504 S Millington

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 28, 1933

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

20. FILED FEB 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon-Monoxide Poisoning	
Probable accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19 .....

Where did injury occur? 406 S Bond
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Fleming MD M. D.
Coroner

(Address) 1321 Patterson Pk

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 88042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88042

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N Decker Ave St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Krawinski

(a) Residence: No. 3219 Elliott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, year) 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Krawinski

(Address) 1231 N Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem. Date Feb 28, 1933

19. UNDERTAKER Hughes & Feldmeier

(Address) 1600 E Baltimore St

20. FILED Feb 28 1933 Huntington Williams, D.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1933 to February 25, 1933

I last saw him alive on February 23, 1933 Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2-21-33
Other contributory causes of importance:	
Myocardial Insufficiency	2-22-33

Name of operation ..... Date of .....

What test confirmed diagnosis Physical signs of death. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 27 1933

M. D. B. 1268-9

B 88043 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. [illegible]

CITY OF BALTIMORE: (No. 728 N. Carrollton Ave St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Alford

(a) Residence: No. 728 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of James H. Alford

6. DATE OF BIRTH (month, day, year) Feb. 15, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	--	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Josiah Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Jane Applegarth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace M. Alford
(Address) 728 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 28, 19 33

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 19 [illegible] Registrar.

B 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-26-33 . 19 to 2-26-33 . 19

I last saw her alive on 2-26-33 . 19 Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Interstitial Nephritis	1930

Other contributory causes of importance:

Uraemic Coma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? See Other Side
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 3400 Walbrook Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88044

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5025 Roland Ave. St. 27-21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Abraham E. Bradenbaugh

(a) Residence: No. 5025 Roland Ave. St., ... Ward. .....
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Baker

6. DATE OF BIRTH (month, day, year) June 15. 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	7 8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Thomas Bradenbaugh

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Elliott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Bradenbaugh
(Address) 5025 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Feby. 28. 33

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 .....
Registrar.

FEB 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from about ..... 1925 to Feb 26 1933

I last saw him alive on Feb 25 1933. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/25
Senility	

Other contributory causes of importance:

Cancer of Cheek abt 2-3 yrs.

Emphysema (Senile)

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sydenham R. Clarke M. D.

(Address) 1 St. Johns Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88045

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Roland Ave St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L. Phillips

(a) Residence: No. 3709 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 22, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	4 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Nathan Phillips

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lydia Lovell

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Nathan Phillips

(Address) 3709 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL March 2, 1933

St. Mary's, Hampden Date .....

19. UNDERTAKER Edmondson Son

(Address) 3615-17 Chestnut Ave.

20. FILED Huntington Woods, Md

Registrar.

B 271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Feb 26, 1933

I last saw her alive on Feb 26, 1933 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse arterio sclerosis	Unknown
Cholecystenterostomy Duration	Feb 15, 33

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify:

(Signed) H. H. Medendorp M. D.

(Address) 550 W 36 St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88046 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88046

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4427 Buena Vista Ave. 27-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ann Ward.

(a) Residence: No. 4427 Buena Vista Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Ward.

6. DATE OF BIRTH (month, day, year) Sept 12, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Alban.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Marion F. Chenoweth

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT George F. Alban.
(Address) 2829 Rosmont Ave

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Hanover Date Feb 28, 1933

19. UNDERTAKER Chenoweth Son.
(Address) 3615-17 Chestnut Ave

20. FILED Huntington Woods MD
Registrar.

B 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to Feb 26, 1933

I last saw her alive on Feb 26, 1933 Death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal Disease	1st Unknown

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Redeuhover M. D.

(Address) 530 W 36 St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 88047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 88047

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Bradley St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Robinson

(a) Residence: No. 706 Bradley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B.	newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of newborn

6. DATE OF BIRTH (month, day, year) 2/24/33

7. AGE Years	Months	Days	If LESS than 1 day 16 hrs. or 45 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Harry Robinson

14. BIRTHPLACE (city or town) Philadelphia (State or country) U.S.

MOTHER

15. MAIDEN NAME Jessie Stoner

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 27 19 33

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/33 19

22. I HEREBY CERTIFY, That I attended deceased from 2/24/33 19 to 2/25/33 19

I last saw her alive on 2/25/33 19 Death is said to have occurred on the date stated above, at 2:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion (28 weeks)	
Other contributory causes of importance:	
Natural Lues	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Grant T. Kemp Jr. M. D.

(Address) 706 Bradley

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 27 1933

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 88048

CERTIFICATE OF DEATH

B 88048

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 24-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Moore

(a) Residence: No. 620 Burgundy Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med College Date Feb 27 1933

19. UNDERTAKER .....
(Address)

20. FILED Feb 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 1305 N Pulaski St

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 88049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-99

E 88049

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Adams Daniel Adams 631 N Spring St

(a) Residence: No. 1 S Spring St (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Potter's Field 3/1/33

Place Mt Wm College Date Feb 27, 19 33

19. UNDERTAKER Byrne - Maurice Wright

(Address) 1118 Pk Ave Huntingdon Pennsylvania, Pa.

20. FILED MAR 2 1933 Registrar.

0102

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis Nephritis	

Other contributory causes of importance:

Accidental Fract of L Humerus	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 1/23, 19 33

Where did injury occur? In street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Slipped and fell on sidewalk

Nature of injury Fract L Hum

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Berkowitz Coroner, M. D.

(Address) 300 N. Calhoun St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTI[redacted]

88050

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hosp. St. 3-06 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertie Bell

(a) Residence: No. 109 S. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Sept 1 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Bell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Nancy Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date Feb 27 1933

19. UNDERTAKER [illegible] Funeral Home
(Address) Huntington Indiana

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/21 1933 to 2/24 1933

I last saw h[illegible] alive on 2/24 1933 Death is said to have occurred on the date stated above, at 4 15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	2/24/33

Other contributory causes of importance:

Stricture of rectum	?

Name of operation Prosacropic [illegible] Date of 2/24/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bowie Lafaye M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55

3 27 1933

(110)

M. D. B. 1268-9

E 88051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

E 88051

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 7-C Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Eaton

(a) Residence: No. 2324 Woodlawn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-21-33 (6PM)

7. AGE Years	Months	Days	If LESS than 1 day, 17 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. Eaton

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Agnes Tyson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med Colleg Date Sept 27, 1933

19. UNDERTAKER .....
(Address)

20. FILED 9-27-1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1933 to February 22, 1933
I last saw her alive on February 22 1933 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurety. (6 mo)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J M Wagenfeller M. D.

(Address) St. Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 88052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88052

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1918 Herbert ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie M. Godwin

(a) RESIDENCE NO. 1918 Herbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6/4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17/32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm E. Godwin

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs W E Godwin

(Address) 1918 Herbert St

15 Filed FEB 27 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 26/33

17 I HEREBY CERTIFY, That I attended deceased from Feby 26, 1933, to Feby 26, 1933, that I last saw h alive on Feby. 26, 1933 and that death occurred, on the date stated above, at 3305 m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs 5 DW

(duration) yrs. 12 mos. 30 ds.

CONTRIBUTORY (Secondary) Convulsions one hour.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. A. Smith, M. D.

2/26 1933 (Address) 1645 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel — DATE OF BURIAL: Feb 28 1933.

20 UNDERTAKER: Frederick R. Pole — ADDRESS: 1200 W Lombard

FEB 27 1933

If DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

E 88053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88053

1. PLACE OF DEATH Baltimore City Hospitals 75

CITY OF BALTIMORE: (No. Balto mdy St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casmere Kluga

(a) Residence: No. 1819 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Kluga

6. DATE OF BIRTH (month, day, year) Aug. 18, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	23	6	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 086

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Niagara Falls N.Y.

FATHER

13. NAME Max Kluga

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stella Ciagkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date March 1 1933

19. UNDERTAKER F. Wozniewski

(Address) 1930 Eastern Ave

20. FILED MAR 1 1933 H. L. Kline Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-33

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1933 to 2-26 1933

I last saw him alive on 2-26 1933 Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Alcoholism acute	2-22-33
b Korsakow's Syndrome	
c	
d	

Other contributory causes of importance: Alcoholic Polyneuritis — 3

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-27-33 (Signed) Elmer Bigbee M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUR MAR 1 1933 Huntington Undertaking Co NPH

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88054 E 88054

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Fleet St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tomasz Bronikowski

(a) Residence: No. 1612 Fleet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie Bronikowski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vincent Bronikowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Katie Zacek.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Bronikowski
(Address) 1612 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 28 1933

19. UNDERTAKER Fred Rozenski
(Address) 1930 E. Eastern Ave

20. FILED Huntington Williams, Registrar.
MAR 2 1933

B 271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1931 to Feb. 28 1933

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	11-1-31
Other contributory causes of importance: Chronic Nephritis.	11-1-31

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut. P. S. 2 S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John V. Zawadzki M. D.

(Address) 1802 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 88055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 88055

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 East ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Myers

(a) RESIDENCE NO. 235 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Myers

6 DATE OF BIRTH (month, day, and year) April 1st 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	About 78	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER John Myers

11 BIRTHPLACE OF FATHER (city or town) Penn. (State or country)

12 MAIDEN NAME OF MOTHER Catherine Puddeu

13 BIRTHPLACE OF MOTHER (city or town) Penn. (State or country)

14 Informant Marie Myers

(Address) 235 E. West

15 Filed Huntington Hillyard, M.D. 8 11.P.M.

B 27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1933

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to July 25 1933, that I last saw h alive on July 25 1933, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Old age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

July 27, 1933 (Address) 39 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL July 29 1933

20 UNDERTAKER Margaret V. Flynn

ADDRESS 1422 Light St.

IMPORTANT. See instructions on back of certificates. Statements of facts must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

M. D. R. 1268-9

E 88056 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 88056

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Shehan

(a) Residence: No. 3118 Weaver ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 07 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel Shehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Jordan

(Address) 3118 Weaver ave

18. BURIAL, CREMATION, OR REMOVAL New Bath Feb 28 1933

Date ..... 19...

19. UNDERTAKER F Roland Storr

(Address) 3001 Kentucky ave

Huntington Filed Feb 27 1933 W. Va.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fracture Clavicle 4-6-6-8 Ribs L. & R. Skull, fall down stairs in Res home Accident

Date of onset 12.24.32

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/24/1932

Where did injury occur? 3118 Weaver ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall down Stairs

Nature of injury Sec. 22

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James M Fenton M. D.

Coroner

2/27/33 (Address) 700 E Chase

B 27 1933

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88057 E 88057

CERTIFICATE OF DEATH

107-001 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Naubert St 24-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Magyar.

(a) Residence: No. 1419 Decatur St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Magyar

6. DATE OF BIRTH (month, day, year) Sept 00 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Mick Flora

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Kathrin Fouholtz

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT M/r
(Address) 1422 Decatur St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 28, 1933

19. UNDERTAKER Charles L Stevens
(Address) 1501 E Fort Ave.

20. FILED , 19

Registrar.

B 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1933

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Feb 19 " 1933 to Feb 26 " 1933

I last saw her alive on Feb 25th 1933 Death is said to have occurred on the date stated above, at 7 28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia following acute pleurisy	2/19/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry Weibel M.D.

2/26/33 (Address) 1224-26 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 88058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 88058

1—PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 922 Homestead ST., 9-01 WARD)

2—FULL NAME Robert S. Thomas.

(a) RESIDENCE NO. 922 Homestead ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1

6 DATE OF BIRTH (month, day, and year) Feb. 6. 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Chas. M. Thomas

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Fromire

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs Mary Thomas.
(Address) 922 Homestead St

15 Filed ..... 19 ..... Huntington Williams M.D.
Registrar

B 271933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25-33.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933, to February 25, 1933,
that I last saw him alive on Feb. 25, 1933.
and that death occurred, on the date stated above, at 10 50 P. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Thos. J. a Stevens, M. D.

2/26, 1933 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mordecai Park	Feb 28 1933
20 UNDERTAKER Chas P Stevens	ADDRESS 1506 E Fort Ave

important. See instructions on back of certificates.

M. D. B. 1268-9

88059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88059

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St Joseph Hosp St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Emma Eierman

(a) Residence: No. 10 W 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of John George Eierman

6. DATE OF BIRTH (month, day, year) March 8, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick A. Weishaupt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Guy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT V. George Eierman

(Address) 10 W. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933 to Feb 26, 1933

I last saw her alive on Feb 26, 1933 Death is said to have occurred on the date stated above, at 11.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Mitral Stenosis	
Auricular Fibrillation	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert Kornisch, M. D.

(Address) St Joseph Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88060 E 88060

CERTIFICATE OF DEATH

93-003

16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Rosedale St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice L Tapscott

(a) Residence: No. 1608 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Aulbin D. Tapscott

6. DATE OF BIRTH (month, day, year) Nov 11th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Arnold Laporte

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Aulbin Tapscott

(Address) 1608 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1933 to Feb. 27, 1933

I last saw her alive on Feb. 26 1933 Death is said to have occurred on the date stated above, at 330 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Arteriosclerosis	?
Circulatory failure	2/13/33

Other contributory causes of importance:

Senile Senescence	?

Name of operation — Date of

What test confirmed diagnosis? Clinical finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 88061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88061

CERTIFICATE OF DEATH

186-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Letitia Ave. ST. 25-01 WARD)

2-FULL NAME Mary Ewoldt.

(a) RESIDENCE NO 1708 Letitia Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, widowed or divorced (or) WIFE of Harry Ewoldt.

6 DATE OF BIRTH (month, day, and year) October 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Henry Kestler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Davis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Florence Ewoldt. (daughter)
(Address) 1708 Letitia Ave.

15 Filed 2 7 1933, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Femur.
Accidental fall to the floor.
Coronary Thrombosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1708 Letitia Ave. January 14, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Leonhardt, M. D. Coroner

2/27/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2/28/1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

B 27 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

88062

HEALTH DEPARTMENT—CITY OF BALTIMORE 88062

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 Kate Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace M. Heatzman

(a) Residence: No. 3027 Westwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Guy E. Heatzman

6. DATE OF BIRTH (month, day, year) July 13th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oliver Burke

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Jennie V.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Murrill Heatzman

(Address) 608 Venable Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 1st 1933

19. UNDERTAKER Wm Cook

(Address) 217 E. Saratoga St

Huntington Williams, Inc

19. FILED 19 Registrar.

2 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26th, 1933, to Feb 27th, 1933

I last saw her alive on Feb 27th, 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 mos.
	4 yrs.

Other contributory causes of importance:

Hypertensive Cardio Vascular Disease

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W P Byers M. D.

(Address) 30 E Lanvale St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

88063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88063

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3209 N. Calvert St. 12-97 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick G. Freund

(a) Residence: No. 3209 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~Widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Dolores Freund

6. DATE OF BIRTH (month, day, year) Mar 6th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Powers Paper Co

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Freund

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Rever

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dolores Freund
(Address) 3209 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 28th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ~~Feb 27 1933~~ Mar 1 1933 ~~Martin Williams~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/20/30 19... to 2/25/33 19... I last saw h[im] alive on 2/24/33 19... Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: Failing Kidneys	3 mos

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. L. Sanders M. D.
(Address) 321 E 28th

B 27 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88064

CERTIFICATE OF DEATH.

E 88064

REGISTERED NO. 115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Arlington Ave. HOSP. ST. 2700 WARD Lennox 2/27/33

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Ferragamo

(a) RESIDENCE NO. 2403 Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4th 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Alfonso Ferragamo

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Margaret Valenti

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant Mother Margaret Ferragamo (Address) 2403 Arlington Ave. Balm.

15 2/27 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Feb 26, 1933, that I last saw him alive on Feb 26, 1933 and that death occurred, on the date stated above, at 7.33 P m.

The CAUSE OF DEATH* was as follows:

Streptococcus Throat

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory Test

(Signed) Martin C. Bacon, M. D.

2/27 1933 (Address) 1002 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Feb. 28 1933

20 UNDERTAKER: Frank V. Pipitone ADDRESS: 2818 E. Balto. St

Make sure to carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88065

CERTIFICATE OF DEATH

E 88065

149-

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 White Ave. St. 77-W Ward)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha E. Satterfield.

(a) Residence: No. 3019 White Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Satterfield.

6. DATE OF BIRTH (month, day, year) June 5, 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39.	8.	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T. Groscup.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella W. Cook.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John W. Satterfield.
(Address) 3019 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 1 1933

19. UNDERTAKER C. Howard Edwards
(Address) 2[illegible] & Gay Sts

20. FILED Huntington Williams, Registrar
By

B 27 1933

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933 to Feb 27, 1933

I last saw h[illegible] alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 8 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 25

Other contributory causes of importance:

Asthenia

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. L. Lowe M. D.

(Address) 5307 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88066 E 88066

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Clayton

(a) Residence: No. Elkridge, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child -

6. DATE OF BIRTH (month, day, year) Oct 2 - 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Chas L Clayton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eva M. Baldwin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas C. Clayton
(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL Elkridge
Place Grace P.E. Cemetery Date 3/1/33, 19..

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 512 Hollins St

20. FILED ..... 19.. Registrar.

3 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26th, 1933 to Feb 27th, 1933

I last saw him alive on Feb. 27th, 1933. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
	2-23-33

Other contributory causes of importance:

Bilateral Purulent Otitis Media	2-24-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) David H. Andrews M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 88067

E 88067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Mosher St. ST. 16-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Indiana Smallwood

(a) RESIDENCE NO. 1401 Mosher St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	Colored	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Daniel Smallwood

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland co. Va

PARENTS

10 NAME OF FATHER James Fauntleroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland co Va

12 MAIDEN NAME OF MOTHER Mary Flowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland co. Va

14 Informant Mary Fauntleroy (Address) 1401 Mosher St

15 Filed FEB 20 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-33

17 I HEREBY CERTIFY, That I attended deceased from 2-21- , 1933 , to 2-26- , 1933 ,

that I last saw her alive on 2-26- , 1933 ,

and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 7 mos da.

CONTRIBUTORY (Secondary) Exposure Intolerance

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank A Saunders, M. D.

2-27-1933 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.-Dan Cemetery DATE OF BURIAL Feb 1933

20 UNDERTAKER Wm. H. Chase Son ADDRESS 638 N. Gilmor

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88068 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88068

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 34

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Stewart

(a) Residence: No. 1307 Manchester Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Stewart

6. DATE OF BIRTH (month, day, year) — 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Co +

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lizzie Williams
(Address) 1149 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 28 . 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED Feb 28 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 . 1933 to Feb 25 . 1933

I last saw h[illegible] alive on 2-25-33 . 19 . Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemiplegia 2/1933
Cardiac Failure
Mitral Regurgitation

Other contributory causes of importance:

Hypertension
Nephritis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No . 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M Boykin . M. D.

(Address) 1512 Gilmor

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88069

E 88069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 34

CITY OF BALTIMORE: (No. 1 Balto Md St. 16-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edward Frazier

(a) Residence: No. 906 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of Helen Frazier
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39 39		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date [illegible] 1, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED ..... 1, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21-30 to 2-26-33

I last saw him alive on 2-26-33. Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk.
Other contributory causes of importance:	
Lueteic Infection	Unk.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hunt Goldsmith M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9 E 88070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88070

CERTIFICATE OF DEATH

92-001

E 88070

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 E. Brentwood St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ( ) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ahmed Foster

(a) Residence: No. 2416 Brentwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mary Grace

(Address) 2416 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 28, 1933

19. UNDERTAKER M. J. R. Elliott

(Address) 1127 N. Caroline St.

FEB 28 1933

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Dalvular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Rossiter, Coroner, M. D.

(Address) 2602 Roland Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88071 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88071

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Wallbrook Ave 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Auerheim

(a) Residence: No. Guilford & 30th. Woodrow Apts Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A Auerheim

6. DATE OF BIRTH (month, day, year) Jan 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leonard Knapp.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Neal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. Philip Knapp

(Address) 340 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Feb. 28 1933

19. UNDERTAKER Wm. H. Fuehrer Sons

(Address) North & Pennsylvania Ave.

20. FILED FEB 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 26 1933

I last saw h~~e~~ alive on Jan 26 1933. Death is said to have occurred on the date stated above, at 330 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/2

Other contributory causes of importance: Intramural obstruction

Name of operation Enterostomy Date of 2-20-33

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Emil Fellheimer M. D.

(Address) 2400 N. Charles

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88072

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 E. 36th St. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris E. Wemer

(a) Residence: No. 636 E. 36th St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22-1929.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John A. Wemer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary C. Schwab.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John A. Wemer.

(Address) 636 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery. Date Feb. 28th 1933.

19. UNDERTAKER Charles J. Schwab

(Address) 565 N. Monroe St.

20. FILED FEB 28 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933 to Feb 26 1933

I last saw h-- alive on Feb 26, 1933 Death is said to have occurred on the date stated above, at 4-35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	1931

Other contributory causes of importance:

Acute Bronchio-Pneumonia	Feb 25 1933

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John S. Fenby M. D.

(Address) 3522 Greenmount Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88073

CERTIFICATE OF DEATH

95-002 E 88073

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N Carlton ST., 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jamie Smith

(a) RESIDENCE NO. 111 N Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col.	Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Smith

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Dutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore.

14 Informant Mary Dutton

(Address) 1113 Forrest Ave

15 Filed 19

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Feb 26, 1933, that I last saw h alive on Feb 25, 1933 and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Coronary Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Norwood, M. D.

, 19 (Address) 1939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar. 1, 1933

20 UNDERTAKER Miss Katie C. Williams

ADDRESS 322 N. Schroeder St.

Important. See instructions on back of certificates.

M. D. R. 1262-2

270153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88074

CERTIFICATE OF DEATH

E 88074

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) (St.) (Ward) 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robinson Taylor

(a) Residence: No. 793 W. Saratoga St. St., Ward. Color 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Taylor

6. DATE OF BIRTH (month, day, year) Dec. 24 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37 38	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jessie —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Feb. 28, 1933

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED 19 [illegible] Registrar

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1933 to Feb. 24th 1933

I last saw him alive on Feb. 24th 1933 Death is said to have occurred on the date stated above, at 7.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia } Pneumococcus Type III	2/18/33
Septicemia	
? Pericarditis	
Syphilis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Klarmichael Leighman M. D.

(Address) Johns Hopkins Hospital

If DEATH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88075

E 88075

CERTIFICATE OF DEATH

X 33-001

Registered No. 14-91

1. PLACE OF DEATH Howard A. Kelly Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1418 Eutaw Place Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ~ yrs. ... mos. ... ds.

2. FULL NAME Simon Hirsch

(a) Residence: No. Niagara Falls, N. Y. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) Oct. 24, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry goods merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store 045

10. Date deceased last worked at this occupation (month and year) July 1915

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) (State or country) Niagara Falls N.Y.

FATHER

13. NAME Samuel Hirsch

14. BIRTHPLACE (city or town) (State or country) Stuttgart Germany

MOTHER

15. MAIDEN NAME Karoline Steinfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nathan Hirsch (brother)

(Address) Niagara Falls, N. Y.

18. BURIAL, CREMATION, OR REMOVAL Niagara Falls N.Y. Date Feb 28 1933

19. UNDERTAKER Chas. S. Black

(Address) Funeral Directors

Filed ... 19... Registrar ...

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1933 to Feb. 26, 1933

I last saw him alive on Feb. 22 1933 death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenic Leukaemia	2 yrs. ago.

Other contributory causes of importance:

Name of operation None Date of ~

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Charles L. Mengel M. D.

(Address) 1418 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 88076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88076

XV 95-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Thornbury Rd St. 27 Ward) Huntington

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Hagberg

(a) Residence: No. 1809 Thornbury Rd. St., Ward. Duluth Minn.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Hagberg

6. DATE OF BIRTH (month, day, year) May 6 1868

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Stark

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Mary Stark

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Bernard L. Hagberg

(Address) 1809 Thornbury Road

18. BURIAL, CREMATION, OR REMOVAL

Place Duluth Minn. Date Feb 28 1933

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) McCulloh & Eutaw sts.

20. FILED 3 28 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1933, to 2-26, 1933

I last saw her alive on 2-25, 1933. Death is said to have occurred on the date stated above, at 6.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Heart Block	2-21-33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Toomey, M. D.

(Address) 1129 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

Toombs

88077 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88077

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto md St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Floyd Toombs

(a) Residence: No. 1645 E. Madison St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-24-1897

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35 36	— 6	— 2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Clover City Va

FATHER

13. NAME Robert —

14. BIRTHPLACE (city or town) (State or country) Clover City Va

MOTHER

15. MAIDEN NAME Pattie Watkins

16. BIRTHPLACE (city or town) (State or country) Clover City Va

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cemetery Date Feb. 28, 1933

19. UNDERTAKER Edward Bryan (Address) 16 Orleans St.

20. FILED ..... 19 ..... Registrar.

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1933 to 2-26, 1933

I last saw him alive on 2-26, 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

2-26-33 Elmer Hirschberg M. D. (Signed)

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88078 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88078

V 175

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Kilgor

(a) Residence: No. 915 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Kilgor

6. DATE OF BIRTH (month, day, year) FeB. 11, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. C. Wise

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ida Vitor

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

17. INFORMANT Mrs. Ida Wise
(Address) 429 N. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemt. Date Mar. 1, 1933

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h— alive on ... 19... Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia	
Other contributory causes of importance: Incomplete Abortion	2 wks

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E88079. Langkam E 88079

88079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hosp. St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Langkam

(a) Residence: No. 4436 Raske Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 10-1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Langkam

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Amelia Tilby

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Langkam 4436 Raske Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Mch. 1, 1933

19. UNDERTAKER George W. Zirkefer

(Address) 1737 E. Eager St.

20. FILED Mar 1 1933 Thomas J. McDonnell, Registrar.

B 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933 to Feb. 26, 1933

I last saw him alive on Feb. 26, 1933 Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right)	2-23-33
Other contributory causes of importance:	
Cardiac Failure	2-25-33

Name of operation — Date of

What test confirmed diagnosis? Sputum Examination

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how?

(Signed) L. C. Krauss M. D.

(Address) Md. Gen. Hospital.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Quinnt

88080 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88080

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Poplar Grove St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes Quinnt

(a) Residence: No. 1110 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Quinnt

6. DATE OF BIRTH (month, day, year) April 23-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Adam Kremer

14. BIRTHPLACE (city or town) Berlin
(State or country) Germany

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

17. INFORMANT Mrs. Helen Meyers
(Address) 1116 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/2/33 19

19. UNDERTAKER George Victor Bowers
(Address) 2563 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-26- 1933 to 2-27- 1933

I last saw h alive on 2-27- 1933 Death is said to have occurred on the date stated above, at 11:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	2-26-33
Other contributory causes of importance:	
Hypertension	unknown

Name of operation none Date of —

What test confirmed diagnosis? P. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Ruland. M. D.

(Address) 2532 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

1-30 M—100 B—50L

88081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88081

174

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Alley between 109 & 111 N. Perry St. ST. 22-01 WARD)

2-FULL NAME Joseph Hicks.(C)

(a) RESIDENCE NO. 110 N. Perry St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) September 18, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	22	4	23 22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER William Hicks.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Avey Burse.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant Edward Hicks.(C) brother.
(Address) 110 N. Perry St.

15 Filed FEB 20 1933 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquest and autopsy (inquest, autopsy or inquiry,) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to stab wound of the Heart. Homicide.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? Yes.
What test confirmed diagnosis? Inquest & autopsy.

(Signed) Otto M. Steinhardt, M. D.
Coroner
2/20/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dudley Cemetery Feb 28

DATE OF BURIAL 19

20 UNDERTAKER [illegible] Health.

ADDRESS

THE BOSCUS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-C

E 88082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88082

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp'l 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Herndon

(a) Residence: No. 3819 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or 37 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr. Jessie Alton Herndon

14. BIRTHPLACE (city or town) (State or country) Orange County Virginia

MOTHER

15. MAIDEN NAME Bessie May Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Jessie Alton Herndon
(Address) 3819 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Feb 28, 1933

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1933 to Feb 27, 1933

I last saw him alive on February 27, 1933 Death is said to have occurred on the date stated above, at 1 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity; atelectasis.	12-26-33.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Isaac R. Stephenson, M. D.

(Address) Union Memorial Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88083 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88083

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2910 Hyman Parkway St., 12th Ward)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 78 2 29

2. FULL NAME Thomas Lansdale Berry

(a) Residence: No. 2910 Hyman Pky St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude C. N. Berry

6. DATE OF BIRTH (month, day, year) Nov 28 1854

7. AGE: Years 78 | Months 2 | Days 29 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pub. Sch.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l C. P. Work

10. Date deceased last worked at this occupation (month and year) Feb 20/33 | 11. Total time (years) spent in this occupation Abt 30 yrs.

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Jasper M. Berry

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia W. Emory

16. BIRTHPLACE (city or town) Easton (State or country) Md.

17. INFORMANT Mrs Gertrude C. N. Berry (wife)
(Address) 2910 Hyman Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenbeck Date Mar 1 1933

19. UNDERTAKER Stewart & Co.
(Address) 108 W. Mt. Ave.

21. FILED ... 1933 ... Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1933 to Feb 26 1933

last saw h[im] alive on Feb 26 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 21
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 2020 N. Charles

E 88084

92-00

STATE OF MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH
E 88084
County

Registration Dist. No.

Village or City Baltimore (No. 2817 Ruckert ave St.) Ward 7-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie R Sutton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: June (Month) 5th (Day), 1863 (Year)

7 AGE: 69 yrs. 8 mos. 21/28 ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed or (employer): None

9 BIRTHPLACE (State or country): Balto Co

PARENTS

10 NAME OF FATHER: John Sutton

11 BIRTHPLACE OF FATHER (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Catherine Godwin

13 BIRTHPLACE OF MOTHER (State or Country): Balto Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Mayfort

(Address) 2817 Ruckert Ave

15 Filed ___ 192___ ___ Registrar

FEB 28 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 27th 1933

Feb (Month) 12 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 12 1933 to Feb 27, 1933, that I last saw h alive on Feb 27, 1933, and that death occurred on the date stated above, at 12.25 a m.

The CAUSE OF DEATH * was as follows:

Endocarditis

(Duration) 5 yrs. ___ mos. ___ ds.

Contributory Secondary: Arteriosclerosis

(Duration) ___ yrs. ___ mos. 10 ds.

(Signed) Walter Yount M. D.

Feb 27 1933 (Address) 5136 Harford Rd

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Stone Chapel Cem Baltimore Co

DATE OF BURIAL: March 1st 1933

20 UNDERTAKER: George Schildt & Son

ADDRESS: Dirguitte Monument Co

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Spec.—9-30—A. & Co.—250 Bks

88085 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 131 E 88085

1-PLACE OF DEATH 908 Rosedale St

REGISTERED NO ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 16-01 Ward)

2-FULL NAME John S. Twining

(a) RESIDENCE NO. 908 (Usual place of abode) ST. Rosedale St WARD Unknown (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Twining

6 DATE OF BIRTH (month, day and year) June 24 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63.	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of Industry, business, or establishment in which employed (or employer) 079

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungaria

PARENTS

10 NAME OF FATHER Michael Twining

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungaria

14 Informant Mrs. Bessie Twining (Address) 908 Rosedale St

15 Filed 2 8 1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1933, to Feb 26th, 1933 that I last saw h alive on Feb 26th, 1933 and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Manual

(Signed) H. L. Hammer M. D.

Feb 28 1933 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3/1 1933

20 UNDERTAKER Harry H. Weitzler 4101

ADDRESS Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88086

CERTIFICATE OF DEATH.

131 E 88086

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4006 Edmondson Ave ST. 16-21 WARD)

2-FULL NAME Carlene Rosina Kalenkamp.

(a) RESIDENCE NO. 4006 Edmondson Ave ST. WARD —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Wht	Singl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 28, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	81	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None except Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Dietrich Kalenkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina Schickner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Wm Kalenkamp

(Address) 4006 Edmondson Ave

2-8 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1933

17

I HEREBY CERTIFY, That I attended deceased from 2-11, 1933, to to Feb 27, 1933,

that I last saw her alive on Feb 27, 1933

and that death occurred, on the date stated above, at 5:40 P. m

The CAUSE OF DEATH* was as follows:

Arteris-Sclerosis.
Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage-

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Jos. L. Wearing, M. D.

2/27, 1933 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Cem'ty Violetwood — DATE OF BURIAL 3/1 1933

20 UNDERTAKER Harry N. Reitzel — ADDRESS 4101 Edmondson Ave

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

88087

HEALTH DEPARTMENT—CITY OF BALTIMORE

88087 E 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Park Avenue St. 11-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. - mos. - ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Margaret India Oberaitis

(a) Residence: No. 514 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Simon J. Oberaitis

6. DATE OF BIRTH (month, day, year) March 3, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

FATHER

13. NAME Cornelius Stone

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

MOTHER

15. MAIDEN NAME Emily Java

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

17. INFORMANT Mrs. Alice S. Norris

(Address) 514 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Hollywood, Md. Date 3/1 19 33

19. UNDERTAKER Harry U. Mears & Son

(Address) 501 W. Fayette St.

20. FILED Thurlington Filing Engineer.

2 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1929 to Feb. 26 1933

I last saw h.e alive on February 24, 1933 Death is said to have occurred on the date stated above, at 10.50 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Pulmonary Tuberculosis

Diabetes Mellitus

Mitral Regurgitation

Myocardial Insufficiency

Other contributory causes of importance:

Myocardial Failure

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) A. N. Bruckner M. D.

(Address) 37 S. Linden St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88088

CERTIFICATE OF DEATH

23

E 88088

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N Carey St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta L. Becker

(a) Residence: No. 107 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Becker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Becker
(Address) 107 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place W. Mount Ver. Date May 1, 1933

19. UNDERTAKER John L. Miller
(Address) 2435 E. Oliver St
Huntington Williams N.Y.

20. Date 3-28-1933 Registrar. [signature]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/15/33, 19..., to 2/26/33 19...

I last saw h[illegible] alive on 2/25/33 19... death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	6/1931

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. A. Herrman, M. D.

(Address) 1913 E Balto St

3/7/33

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88089 46 L 88089

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen. Hosp. 28-61

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Morgan

(a) Residence: No. 4215 Elderon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Chas. E. Morgan

6. DATE OF BIRTH (month, day, year) Feb 2nd 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Crist

14. BIRTHPLACE (city or town) (State or country) Frederick County

MOTHER

15. MAIDEN NAME Julia A. Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles G. Morgan
(Address) 4215 Elderon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date March 2 1933

19. UNDERTAKER John C. Miller
(Address) 4215 Elderon Ave

(Signed) ..... 19 ..... Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1932 to 2/27 1933

I last saw h.e.r. alive on 2/27 1933 Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Head of pancreas.	
Other contributory causes of importance: Chronic Gall Bladder Disease Adhesions	

Name of operation Cholecystotomy Date of 12/13/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 88090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 88090

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5601 Belair Rd. ST., N-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Calvin

(a) RESIDENCE NO. 5601 Belair ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Calvin

6 DATE OF BIRTH (month, day, and year) Jan 7th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Jacob Pilsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth Edmeades

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Hrem. Bradford

(Address) 5601 Belair Rd.

15 Filed FEB 28 1933 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27-1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to Feb. 27, 1933

that I last saw her alive on Feb. 26, 1933

and that death occurred, on the date stated above, at 3.05 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart - 1 day

Myocarditis

Diabetes Mellitus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Urinalysis

(Signed) Thos. J. a Stevens, M. D.

2-27-1933 (Address) 2878 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL March 2 1933

20 UNDERTAKER Frederick Lissauer Sons — ADDRESS 7401 Belair Rd.

M. D. R. 1268-9

E 88091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88091

CERTIFICATE OF DEATH

93-003

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Abbottston Street, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W Doud

(a) Residence: No. 423 E. Chase Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) April 29, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
45	10 9	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Jail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward J. Doud

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. Ohle

(Address) 1638 Abbottston Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Mar. I, 1933
Date 19

19. UNDERTAKER George J. Ruth & Son

(Address) 1735 E. Monument Street

Registrar.

FILED 2 28 1933

R. P. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to Feb 26 1933

I last saw h.. alive on Feb 26 1933 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum — Date of onset 2/10/33

Other contributory causes of importance: Myocarditis — ?

Name of operation Autopsy Date of 2-27

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas A. Clark M. D.

(Address) 502 E. Chase

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88092 E 88092

CERTIFICATE OF DEATH

Registered No. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Montebello Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Wagner Grimm

(a) Residence: No. 2405 Montebello Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced (or) WIFE of Erdmann T. Grimm

6. DATE OF BIRTH (month, day, year) July 11. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Adam Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna C. Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Erdmann T. Grimm

(Address) 2405 Montebello Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mch 2. 1933

19. UNDERTAKER Nuckos & Sons Inc

(Address) 424 W. Broadway

Filed ..., 19... Registrar.

28 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27th., 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932 to Feb. 27, 1933

I last saw ... alive on Feb 25 1933 death is said to have occurred on the date stated above, at 10:45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance: Erysipelas — Date of onset 1932

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 2405 S. Montebello Ave

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) H. G. Trimble M. D.

(Address) 634 Cranch Ave

AaCo. 5-31 250B

E 88093 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 88093

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5624 Greenhill Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas Smith

(a) Residence: No. 5624 Greenhill Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. ~~XXXXXX~~ widowed, or ~~XXXXX~~ HUSBAND of (~~XXXXXX~~ Laura V. Smith

6. DATE OF BIRTH (month, day, year) Mch 22. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apts House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William C. Smith

(Address) 5624 Greenhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Ceme Date Mch 1. 1933

19. UNDERTAKER Hughes & Jacob Sons

(Address) 484 N. Broadway

Filed ... 19 ... Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1929, to Feb 26, 1933

I last saw him alive on Feb 26 1933 death is said to have occurred on the date stated above, at 10:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1929
Cerebral Sclerosis	1929 -
Other contributory causes of importance: Acute pulmonary oedema	Feb 24

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Lee Hubert M. D.

(Address) Northern Parkway & Belair Rd

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88094

CERTIFICATE OF DEATH

E 88094

82-001

20-01

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 326 S. Smallwood St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie C. Bunzenthal

(a) Residence: No. 326 S. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George F. Bunzenthal

6. DATE OF BIRTH (month, day, year) October 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

FATHER

13. NAME August Martin Hummel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Maria Gesell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Leonard Bailey Rowles

(Address) 3708 Chesholm Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 1 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

20. FILED 2 28 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/25/33 19 ... to 2/26/33 19 ...

I last saw her alive on 2/26/33 19 ... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2/25/33
Arteriosclerosis —	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

2/27/33 (Signed) E. Heller Henning M. D.

(Address) 2000 Hollins St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88095

E 88095

CERTIFICATE OF DEATH

43

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Mc Kean St., 13th Ward)

Length of residence in city or town where death occurred ... yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ford D. Sutherland

(a) Residence: No. 1736 Mc Keans Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year) Jan 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ford Sutherland

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Jennie Lowndes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gertrude Sutherland

(Address) 1736 Mc Keans

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 1933

19. UNDERTAKER Martin H. E. Deppel Inc

(Address) 27 E Camden Huntington Hilltops, Md

28 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on February 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Throat	3 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. H. 1268-0

D^r S. H. 2495 Wd for Mrs Hall

E 88096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88096

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Gibbons ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Hall Register

(a) Residence: No. 613 E. 34th st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of J. Wilson Register

6. DATE OF BIRTH (month, day, year) May 23rd 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Todd B. Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie O'Neall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. Wilson Register

(Address) 613 E. 34th St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 2nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED Huntington Williams, M.D. Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~1932~~ 33 to Feb 28 1933

I last saw h~~e~~r alive on Feb. 28 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance: Acute cardiac dilatation	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd M. Settle M. D.

(Address) 243 Mary Land Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88097

CERTIFICATE OF DEATH

E 88097

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3725 Belle Ave St. 15-21 Ward) 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Augustine Graham Clark

(a) Residence: No. 3725 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lang Clark

6. DATE OF BIRTH (month, day, year): March 18 1850

7. AGE: Years 82 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 12 Years
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: Special acct
10. Date deceased last worked at this occupation (month and year): P.R.R. Co
11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Matthew Clark
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Harry J. Leffert
(Address) 3725 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Pleasant March 8 1933

19. UNDERTAKER: William Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

8 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27th 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 to Feb 27 1933

I last saw him alive on Feb 27 1933, Death is said to have occurred on the date stated above, at 9 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal	2 yrs

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H K Bonsall M. D.

(Address) 1109 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1268-9

88098 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88098

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Linden Av. Ward 14-01)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Isabel Green

(a) Residence: No. 1607 Linden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Feb 4th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Paul G. Green

14. BIRTHPLACE (city or town) (State or country) Patapsco Md.

MOTHER

15. MAIDEN NAME Winifred Sheridan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Winifred Green

(Address) 1607 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Grove, Cecil Co. Md. Date Mar 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St.

Huntington Village, Md.

20. FILED 2-8 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
Other contributory causes of importance:	

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. E. Lynch M. D.

Coroner

(Address) ...

M. D. B. 1268-9

E 88099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88099

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Edmondson Ave. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Louise Harrison

(a) Residence: No. 1211 Edmondson St., Ward. Hagerstown

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year): May 16 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Clear Spring Washington Co Md

FATHER

13. NAME: Wm Bates

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Esperanza Long

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Wm Edmunds 1211 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Clear Spring 1/4 1933

19. UNDERTAKER (Address): Engram & Brohs 1463 W. Carey St

20. FILED 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26 (c) 33

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on Feb 25 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

88100

HEALTH DEPARTMENT—CITY OF BALTIMORE

88100

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Bouldin St. 26-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Rebecca Whittle

(a) Residence: No. 610 N. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. F. Whittle

6. DATE OF BIRTH (month, day, year): Oct 17, 1858

7. AGE — Years: 74 | Months: 4 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

FATHER

13. NAME: Allen Warfield

14. BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

MOTHER

15. MAIDEN NAME: Sarah Ann Kelly

16. BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

17. INFORMANT: Mr. Geo. Whittle

(Address): 610 N. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Friendship Cem. Date: May 1 1933

19. UNDERTAKER: Wm. H. Decker & Sons

(Address): Scott & Pennsylvania Ave

20. FILED ..... 19..... ..... Registrar.

MAY 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1932 to Feb 26, 1933

I last saw h... alive on Feb 26, 1933 Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Feb 26

Arteriosclerosis — Date of onset: 3 yrs

Other contributory causes of importance:

Valvular Heart Disease — Date of onset: 1924

Cancer — Date of onset:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88101

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Broadway St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence A. Jones

(a) Residence: No. 1600 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Jones

6. DATE OF BIRTH (month, day, year): Aug 16-69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Electric Engineer

10. Date deceased last worked at this occupation (month and year): 6 M. 33

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Robt. Jones

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Susan

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mary L. Jones

(Address): 1600 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: 2/1/33

19. UNDERTAKER: Philip Herring

(Address): 2016 Eutaw Pl

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 27 1933

22. I HEREBY CERTIFY, That I attended deceased from February 20 1933 to February 27 1933

I last saw h. alive on February 26 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 yrs
Chronic Nephritis	1927

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert G. Dorsey M. D.

(Address) 613 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

E 88102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88102

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 W. Randall. St. (ST.) 23-01 (WARD)

2-FULL NAME Marie Schneider

(a) RESIDENCE NO. 119 W. Randall. St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Schneider

6 DATE OF BIRTH (month, day, and year) Sept. 5. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	61	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.... House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant George W. Schneider

(Address) 119 W. Randall. St.

15 Filed 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Feb 26, 1933

that I last saw h[illegible]live on Feb 26, 1933

and that death occurred, on the date stated above, at 10-30 P m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

2/27 1933 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/1 1933

ADDRESS

20 UNDERTAKER H. Schloman & Son 1039 Hanover

[illegible]

M. D. B. 1268-9

88103

HEALTH DEPARTMENT—CITY OF BALTIMORE 88103

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Elliott St., 11-01 Ward)

Length of residence in city or town where death occurred ....yrs.... mos.....ds. How long in U. S. If of foreign birth? ....yrs. mos. ....ds.

2. FULL NAME William H. Price

(a) Residence: No. 2814 Elliott St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of 2
(or) WIFE of 1

6. DATE OF BIRTH (month, day, year) May 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	62	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Price

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Irene Hynes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Agnes M Kehl

(Address) 2814 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Western Date 3/2 1933

19. UNDERTAKER E Schlosman & Sons

(Address) 1029 Hanover

Funeral Director

2 1933 FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Kierman Coroner M. D.

(Address) 1305 Fallsway

M. D. B. 1268-9

E 88104

E 88104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH City Hospitals 131

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. Md. St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Thomas

(a) Residence: No. 504 Cresher St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John — 1884

6. DATE OF BIRTH (month, day, year) 1/12/[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	— 1	— 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Of[illegible]

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md

FATHER

13. NAME Edward Jenkins

14. BIRTHPLACE (city or town) (State or country) Chestertown, Md

MOTHER

15. MAIDEN NAME Alice Reed

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records, Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Mar 1, 1933

19. UNDERTAKER Samuel Blumberg (Address) 5318 N. Bradford St

20. FILED [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1933 to 2-25 1933

I last saw h[illegible] alive on 2-28 1933 Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	1931

Other contributory causes of importance:

Uremia	2-13-33
arteriosclerosis	?
Hypertension	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-26-33 (Signed) Edward Hiller Jr. M. D.

(Address) Balto City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

E 88105 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88105

CERTIFICATE OF DEATH.

46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 S. Chester ST. 1-01 WARD)

2-FULL NAME Carl A Rasmussen

(a) RESIDENCE NO. 249 S. Chester ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Rasmussen

6 DATE OF BIRTH (month, day, and year) July 21-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Paints & Oils

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Mary J Rasmussen
(Address) 249 S. Chester St

15 Filed MAR 1 1933 19 ~~Huntington Ind~~ Wife of Informant

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 28, 1933

that I last saw h.. alive on Feb 28, 1933

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic absorption

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

3/8 1933 (Address) 413 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/REMOVAL/CREMATION Date of BURIAL Mar 3 33
WM Routson

20 UNDERTAKER Loudenslager Park
ADDRESS 2382 W North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88106 E 88106

CERTIFICATE OF DEATH

112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2148 Mt. Royal Terrace St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Samuel A. Lopkin

(a) Residence: No. 2148 Mt. Royal Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lee Lopkin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3-1-33 19

19. UNDERTAKER Park Lewis Inc
(Address) 439 E. Baltimore St.

20. FILED MAR 1 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Feb 28 1933.
I last saw him alive on Feb 28 1933. Death is said to have occurred on the date stated above, at 4. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	3 yrs
Asthma.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If yes, specify

(Signed) Joseph L. Valentine M. D.

(Address) 14 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

1033 ASMITH

88107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88107

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Boarman Ave St. 52-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Michael Blank

(a) Residence: No. 4100 Boarman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Celia

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Peter Blank Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Name Hebrew Herring Run Date 3-1-33, 19...

19. UNDERTAKER Park Funeral Home
(Address) 1520 E. Eager St

20. FILED ..., 19... Registrar.

MAR 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932 to Feb 28, 1933

I last saw h[illegible] alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Endocarditis	

Other contributory causes of importance:

Chronic nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. G. Horwitz M. D.

(Address) 733 Asquith St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

E 88108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88106

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH West Baltimore Gen'l Hosp. Registered No.

CITY OF BALTIMORE: (No. Balto. Co. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Lewis

(a) Residence: No. 1227 E. Biddle St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Zudin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Lewis (Address) 1227 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Cem. Date 3-1-33, 19

19. UNDERTAKER Jack Lewis Inc (Address) 1425 E Baltimore St

20. FILED MAR 1 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/33 19

22. I HEREBY CERTIFY, That I attended deceased from 2/25/33 19 to 3/1/33 19

I last saw him alive on 3/1/33 19 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chronic Myocarditis	
Congestive Failure	2/25/33

Other contributory causes of importance:

T.B. of Lung & T.B. pleurisy. — tuberculosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 88109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88109

CERTIFICATE OF DEATH

59 V

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3004 Rosekemp Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George S. Stockdale

(a) RESIDENCE NO. 3004 Rosekemp Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6 DATE OF BIRTH (month, day, and year) Dec 24 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Noah Stockdale

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ellen Getter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs Clara Stockdale

(Address) 3004 Rosekemp Ave

15 Filed MAR 1 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1933

17 I HEREBY CERTIFY, That I attended deceased from March 1 1932, to Feb 26th 1933

that I last saw him alive on Feb 20th 1933

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. L. Sordy M. D.

2-27-1933 (Address) Hopkins Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Lorraine Cemetery	Mar 2 19
20 UNDERTAKER F. Vernon Keefer	ADDRESS Holl

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1200

E 88110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88110

CERTIFICATE OF DEATH

23 V

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109 Belvieu Ave St. 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Thelma Robinson Kendig

(a) Residence: No. 4109 Belvieu Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred R. Kendig

6. DATE OF BIRTH (month, day, year) September 3, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	32	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Everett Robinson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sue Mills

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. A. R. Kendig (Husband)
(Address) 4109 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cem. Date Mar. 2. 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander
(Address) Baltimore St. & Broadway.

20. FILED 1933 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate. Brief statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1933 19

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1932 to 2-28, 1933

I last saw h[illegible] alive on 2-26, 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	1925

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1129 N. Paca St.

M. D. B. 1268-0

88111 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88111

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3403 Royston Ave St. 27-C (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lind

(a) Residence: No. 3403 Royston Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Sebastian Lind

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs Lena Despang
(Address) 307 E. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date March 4, 1933

19. UNDERTAKER H. Sander's Sons Inc
(Address) 1210 E. Lafayette St

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb. 28, 1933

I last saw her alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio-vascular renal disease	?
Chronic myocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) S A Alessi, M. D.

(Address) 6067 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

88112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88112

CERTIFICATE OF DEATH

V 140

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 23 (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Cecelia Sullivan

(a) Residence: No. 1314 S. Charles St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Sullivan

6. DATE OF BIRTH (month, day, year) March 3/1903

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

637

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Crooker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Russell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph M. Sullivan

(Address) 1314 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL Londontown Mar. 3. 33

(Date) 19

19. UNDERTAKER Thos. J. Hogan & Sons

(Address) 1427 Light St.

20. FILED Mar 1 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 27/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	2-3 days
Peritonitis	

Other contributory causes of importance:

Incomplete Abortion-self induced. Feb 22/3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place probably in home.

Manner of injury Induction of slippery elm tent.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. J. Hogan Coroner, M. D.

(Address) 505 E Monument

M. D. B. 1268-6

E 88113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88113

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH Sinai Hospital 24-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] St., (Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Johnson

(a) Residence: No. 111 Bloomsbury St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room 044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Arthur Johnson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jamie Boyce

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth Bohnemeyer
(Address) 724 Elmwood Ave Phila Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Bachman Date Mar 1, 1933

19. UNDERTAKER John F Penny
(Address) 715 Eutaw St

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Feb. 22, 1933

I last saw h... alive on Feb. 22, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Large Bowel	
Peritonitis following enterostomy	

Other contributory causes of importance:

Name of operation Enterostomy Date of Feb. 16

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Leguey, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88114

E 88114 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Leighton

(a) Residence: No. 4007 Broadway St., 406 N Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 25, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Aaron —

14. BIRTHPLACE (city or town) (State or country) ? Maine

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) ? Maine

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date March 1 1933

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED Mar 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1933 to 2-25-1933

I last saw her alive on 2-25-1933 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic ?	
Other contributory causes of importance: Coronary thrombosis	2-25-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

2-25-33 (Signed) Chas. Leighton M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88115

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lentz

(a) Residence: No. 1731 Eastern Ave. St., 2nd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Lentz.

6. DATE OF BIRTH (month, day, year) Sept. 5 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House - Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME James Cooper

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Mem. Date Mar. 2, 1933

19. UNDERTAKER Lilly & Leiter Inc.

(Address) 403 S. Wolfe St.

20. FILED Mar 3 1933 Huntington Pitts, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1932, to 2-24, 1933

I last saw her alive on 2-24, 1933. Death is said to have occurred on the date stated above, at 6:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-23-33
Other contributory causes of importance: Arteriosclerosis general	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2-24-33 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

88116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 88116

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3510 Fait Ave. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE D. ZELLER.

(a) Residence: No. 3510 Fait Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Apr. 16 1911.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	21	10	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frank D. Webb. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John G. Zeller.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Frances Reuter.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John G. Zeller. (Father)
(Address) 3510 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Mar. 4 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 1933 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20- 1932 to Feb 28- 1933

I last saw her alive on Feb 28- 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis & Uremia	1933
Broncho-pneumonia	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Kaelin M. D.

(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88117 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH √23 E 88117

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 10-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Oscar Dewey

(a) Residence: No. 1008 E. Madison st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Newburn North Carolina

FATHER

13. NAME Melvin Dewey

14. BIRTHPLACE (city or town) (State or country) Goldsboro North Carolina

MOTHER

15. MAIDEN NAME Nora Colleton

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date March 1. 1933

19. UNDERTAKER [illegible]
(Address)

[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 25 1932 to February 27 1933
I last saw h.. in alive on February 27 1933 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9-1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

88118 HEALTH DEPARTMENT—CITY OF BALTIMORE 88118

CERTIFICATE OF DEATH

X 122-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) MARYLAND GENERAL St. | | Hospital (C Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. LYNN ARBOGAST

(a) Residence: No. DAVIS Md St., ... Ward. Gould Co
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MRS. BESSIE ARBOGAST

6. DATE OF BIRTH (month, day, year) AUG. 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINISTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHURCH
10. Date deceased last worked at this occupation (month and year) 1-30-33
11. Total time (years) spent in this occupation 19 YRS

12. BIRTHPLACE (city or town) (State or country) LONACONING, Md.

FATHER
13. NAME ISSAC ARBOGAST
14. BIRTHPLACE (city or town) (State or country) VA.

MOTHER
15. MAIDEN NAME RACHAEL DUCKWORTH
16. BIRTHPLACE (city or town) (State or country) FROSTBURG Md.

17. INFORMANT Edgar Arbogast
(Address) Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date 2/2, 1933

19. UNDERTAKER Wm Kelly
(Address) 1219 E Oliver St

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1933, to 3-1, 1933
I last saw him alive on 3-1, 1933. Death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS	2-1-33
[illegible]	2-22-33
	2-22-33
Other contributory causes of importance: BRONCHO-PNEUMONIA	2-28-33
Appendectomy	

Name of operation HERNIOPLASTY Date of 2-3-33
What test confirmed diagnosis CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88119

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vet. of America Hosp. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack D. Stafford

(a) Residence: No. 2415 Annapolis Rd St. Ward. Westport

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Stafford

6. DATE OF BIRTH (month, day, year) July 23 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass cutter &c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ger Lowry Glass Co

10. Date deceased last worked at this occupation (month and year) Mar 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME James Stafford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Katherine Abbott

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. W. Stafford

(Address) 2415 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 2nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 2 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Acute Edema of Lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller Coroner, M. D.

(Address) 2736 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

38120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38120

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919-N-Carollton Ave ST. 16-01 WARD)

2-FULL NAME Sydney Zitta Wilson,

(a) RESIDENCE NO. 919-N Carollton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, ~~Married, Widowed,~~ or ~~Divorced.~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct - 1908

7 AGE: Years 24 25 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md.

PARENTS

10 NAME OF FATHER: Isaac Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Margaret Harrod

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Mother

(Address) 919 N. Carollton Ave

15 Filed 2-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-1933

17 I HEREBY CERTIFY, That I attended deceased from 1/8, 1933, to 2-28, 1933, that I last saw her alive on 2-27, 1933, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows: Broncho pneumonia

Primary

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. L. Jackson, M. D.

3/1, 1933 (Address) 620 N Carlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvert Circle - Calvert Co. Md.

DATE OF BURIAL: Mar. 5 1933

20 UNDERTAKER: Jesse H. Pender -

ADDRESS 430 N. Bruce St.

M. D. B. 1208-0

88121 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 88121

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel Raab

(a) Residence: No. 1411 John St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Emanuel Raab

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date March 2, 1933

19. UNDERTAKER L. Levenson Bro
(Address) 1126 W North ave

20. FILED Mar 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/25 1933 to 3/1 1933

I last saw h[illegible] alive on 3/1 1933 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 weeks
Other contributory causes of importance:	
Arteriosclerosis	?
Senile Generalized Hypertrophy	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. Gordon M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88122

E 88122

CERTIFICATE OF DEATH

Forest Pk. 139-005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Maine Av St., 28-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Fern Shearman

(a) Residence: No. 4507 Maine Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 13-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

13. NAME William W Shearman

14. BIRTHPLACE (city or town) (State or country) Hartsville Md

15. MAIDEN NAME Edna Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Mrs W. W Shearman
(Address) 4507 Maine Av

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 2, 1933

19. UNDERTAKER J. S. Marshall
(Address) 3359 Falls Road

20. FILED Mar 2 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933 to Feb 28, 1933

I last saw h-- alive on Feb 28, 1933 death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus infection of kidneys	Feb 20 8 days
Streptococcus in blood stream.	8 days
Other contributory causes of importance:	
Streptococcus infection	
Bilateral pleurisy	1 week

Name of operation Genital abscess & bilateral pleurisy Date of Feb 20

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. C. Smith, M. D.

(Address) 4209 Liberty Heights Av

M. D. B. 1268-9

E 88123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88123

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Elgin Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Blatter

(a) Residence: No. 3403 Elgin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara Macneal (Blatter)

6. DATE OF BIRTH (month, day, year): Jany 7. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: John Blatter

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary Demuth

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Sara M. Blatter

(Address): 3403 Elgin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Mch 3, 1933

19. UNDERTAKER: Chas. A. Whitelaw Sons

(Address): 1900 Eutaw Place

20. FILED: MAR 2 - 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to March 12, 1933

I last saw him alive on Feb 28, 1933. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 18- 1933
Cerebral Thrombosis	Feb 26 1933

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. W. Billups, M. D.

(Address) 2224 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Kliat

E 88124 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88124

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1699 N. Washington St., 8-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Isaac Kliat

(a) Residence: No. 1639 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beatrice Kliat

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry. Goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Kliat
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Edith
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isidore Roman
(Address) 2317 Brandywine ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rodef Date 3/2/33 19

19. UNDERTAKER Clark Lyons Inc
(Address) 1439-41-E. Baltimore st

20. FILED 3/2/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...
I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at A.M. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jos. H. Carter M. D.
Coroner

(Address) 508 E. Monument

E 88125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88125

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1625 Church St., Center Bay. 25401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 11 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kuchar

(a) Residence: No. 1622 Church St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	8	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Austro-Hungary

FATHER

13. NAME John Kuchar

14. BIRTHPLACE (city or town) (State or country) Austro-Hungary

MOTHER

15. MAIDEN NAME Catherine Kral

16. BIRTHPLACE (city or town) (State or country) Austro-Hungary

17. INFORMANT Catherine Kuchar
(Address) 1622 Church St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Mar 4 1933

19. UNDERTAKER Hauk & Washington
(Address) 1906 Eutaw St

20. FILED ..... 19 ..... Registrar

MAR 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1st 1933 to Mar. 1st 1933

I last saw him alive on Mar. 1st 1933 Death is said to have occurred on the date stated above, at 11:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	July 1929

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William A. Scott, M. D.

(Address) 481 S. Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88126

88126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Broadway St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Lane

(a) Residence: No. 1205 Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Annie Lane

(Address) 1205 Broadway St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3-2 1933

19. UNDERTAKER Daniel Carton

(Address) 916 Pa ave

20. FILED 2 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24th 1933 to Feb. 27th 1933.

I last saw h[illegible] alive on Feb. 27th 1933. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/27/33

Other contributory causes of importance:

Influenza.	2/27/33

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Gurney M. D.

(Address) 522 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 E 88127

1. PLACE OF DEATH Franklin Square Hospital — Registered No. ____

CITY OF BALTIMORE: (No. Fayette & Calhoun St., C-U Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mollie Flannery

(a) Residence: No. 5 North Castle St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

3a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Lankster Flanney

6. DATE OF BIRTH (month, day, year) June 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Peter Reed

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Daniels

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lankster Flanney (Address) 5 North Castle St

18. BURIAL, CREMATION, OR REMOVAL Place Westlake Branch Co. Date Mar 4, 1933

19. UNDERTAKER Mrs. P. G. Elliott (Address) 1129 N. Eutaw St.

20. Filed MAR 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-23-1933, to 2-28-1933

I last saw h[illegible] alive on 2-28-1933 Death is said to have occurred on the date stated above, at 7 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7

Other contributory causes of importance:

Chronic Parenchymatous nephritis ?

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ____

(Signed) Morris B. Schrubby M. D.

(Address) Franklin Square Hospital

Spec.—1-30—M. & T.—250 Bks.

E 88128

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 88128

CERTIFICATE OF DEATH.

X 94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Holabird QM Depot, ST. 26-01 WARD)

2-FULL NAME Albert Roth

(a) RESIDENCE NO. 67 Kingship Road, Dundalk, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~of XXXXXXX~~ Mrs. Theresa Roth

6 DATE OF BIRTH (month, day, and year) June 21, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Fifty-two	52	Eight 8	Seven 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired soldier 88

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newport, (State or country) Kentucky

PARENTS

10 NAME OF FATHER John Roth

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. Theresa Roth

(Address) 67 Kingship Road, Dundalk Md.

Filed MAR 2 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1933. to Feb. 28, 1933. that I last saw him alive on Feb. 28, 1933, and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Holabird QMD, Balto., Md.

Did an operation precede death? NO Date of ***

Was there an autopsy? No

What test confirmed diagnosis? Physical examination.

(Signed) Baxter R. Hunter, Major, M.C., USA. M.D.

2/28. 1933 (Address) Holabird QMD., Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

UNDERTAKER Leonard J Ruck

DATE OF BURIAL 3-3 1933

ADDRESS 5303 Harford Rd

(over)

M. D. B. 1268-B

88129

HEALTH DEPARTMENT—CITY OF BALTIMORE

88129

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 W. Fayette St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Blair

(a) Residence: No. 922 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nan M. Blair

6. DATE OF BIRTH (month, day, year) Jan 18- 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm T. Blair

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Bertha Zimmer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Nan Blair
(Address) 922 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date 3-4, 1933

19. UNDERTAKER J. J. Cowan & Sons
(Address) 1701 Hollins St

22 MAR 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88130 E 88130

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St., 5-01 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Philip Luzerilo

(a) Residence: No. 265 East 9th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Luzerilo

6. DATE OF BIRTH (month, day, year) 6/4/1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Biaggio Luzerilo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Falcetta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records of Balto City Hospitals
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/4/33, 19

19. UNDERTAKER George J. Kenny Inc.
(Address) 1135 Hanover St. Baltimore, Md.

20. FILED 3/6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-16-33, 19.. to 3-1-33, 19..

I last saw him alive on 3-1-33, 19.. Death is said to have occurred on the date stated above, at 7.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	Unk.

Other contributory causes of importance:

Luetic Infection	Unk.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. F. Edmunds M. D.

(Address) Baltimore City Hospitals

M. D. B. 1934-0

88131 E 88131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. Q-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Rankine

(a) Residence: No. 1531 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Frederick Rankine

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Lillian Steinberg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/3/33 19

19. UNDERTAKER George J. Roth Inc

(Address) 1735 Hoffman near Gay

20. FILED Mar 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933 to March 1, 1933.

I last saw him alive on March 1, 1933. Death is said to have occurred on the date stated above, at 6:52 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (malignant)	June 1932

Other contributory causes of importance:

Name of operation Craniotomy Date of 3-1-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) Johns Hopkins Hospital

Mar 3 1933

M. D. B. 1268-9

E 88132

E 88132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 N. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John I Kelly

(a) Residence: No. 1542 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose V. Kelly

6. DATE OF BIRTH (month, day, year) Sept. 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggest 075

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas J. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Josephine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Rose V Kelly

(Address) 1542 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date March 4, 1933

19. UNDERTAKER Geo. J. Roth Inc

(Address) 1735 Harford Ave

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 '33 19 to Feb 28, 1933

I last saw him alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocard. Degeneration	2 yrs.
Other contributory causes of importance: Cardiac Dilatation	6 mth

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Kelly M. D.

(Address) 1001 Lanvale St

M. D. B. 1268-9

88133

HEALTH DEPARTMENT—CITY OF BALTIMORE

88133

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2859 W. Lafayette Ave St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Gaines Farley

(a) Residence: No. 2859 W. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Farley

6. DATE OF BIRTH (month, day, year): April 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	4	########

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Glouster Co. Virginia

FATHER

13. NAME: Richard A Farley

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Pollard

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Margaret E Farley

(Address): 2859 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: March 3, 1933

19. UNDERTAKER: Gormley & Rust Inc

(Address): 1545 Hanover St Balto

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28-33 to Feb 28-33

I last saw h[illegible] alive on Feb 28, 1933. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic Endocarditis	

Other contributory causes of importance: Coronary Thrombosis

Name of operation: none Date of: no

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Elmer B Tregemann M. D.

(Address) 807 Cathedral St

M. D. B. 1961

E 88134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88134

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S Dean St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E Wich

(a) Residence: No. 702 S Dean St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wich

6. DATE OF BIRTH (month, day, year) May 8 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August F. Wich

(Address) 702 S Dean

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Mar 4 1933

19. UNDERTAKER Phillips Herring

(Address) 2016 Eutaw pl

20. FILED Mar 1933 Hinkley Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-12, 1932 to Feb 28, 1933

I last saw him alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1929
Chr. Nephritis	1930
Uremia	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank J Brehmer M. D.

(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

88135

HEALTH DEPARTMENT—CITY OF BALTIMORE

88135

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Madison Ave St. 14-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladdis Roberts

(a) Residence: No. 819 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Edward Roberts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Charles Young

(Address) 819 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 23, 1933

19. UNDERTAKER W. A. Brooks

(Address) 1413 N. Carey st.

20. FILED Feb 23 1933 Huntington Williams M.D.
Registrar.

FEB 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1933, to Feb 21st, 1933.

I last saw h[illegible] alive on Feb 19th, 1933. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 1932
Other contributory causes of importance: Cerebral disintegration	Nov Feb 19, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Grant Hart M. D.

(Address) 3626 N. Eiddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88136

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Number) Hebrew Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Scott

(a) Residence: No. 2633 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mario Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Montana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mr. Ralph M. Williams

(Address) 106 E. 25th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Mar 3/33

19. UNDERTAKER Stuart Hearse Company

(Address) 108 W. Lexington Street

Huntington Williams, M.D.

20. FILED MAR 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Morrissey, M. D.
Coroner

(Address) 2633 Rolandine

M. D. B. 1268-9

E 88137 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88137

CERTIFICATE OF DEATH

80 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Lakeav St. 27-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? 60 yrs. 9 mos. 11 ds.

2. FULL NAME Malcolm Tasker

(a) Residence: No. 426 Lakeave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma R. Tasker

6. DATE OF BIRTH (month, day, year) May 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemistry

10. Date deceased last worked at this occupation (month and year) Dec 31 33

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Llewellyn Tasker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anne M. Ehlen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Emma R. Tasker (wife)
(Address) 426 Lakeave

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date Mar 3 1933

19. UNDERTAKER Stuart M. Moore Co.
(Address) 1811 Harlem Ave.

FILED MAR 2 - 1933 Huntington Fort Wayne Registrar. M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930 to March 1, 1933

I last saw him alive on March 1, 1933. Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubs Dorsalis	1923
Other contributory causes of importance:	
Infected Kidney	about 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George M. Gehle, M. D.

(Address) 2435 Maryland Ave

M. D. B. 1268-9

E 88138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88138

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Battery Ave 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William E. Oliver

(a) Residence: No. 1500 Battery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George W. Oliver

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Maggie Livingston

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Anna B. Fisher
(Address) 1500 Battery Ave.

18. [illegible] Date March 3 1933

19. UNDERTAKER Maynard E. Flynn
(Address) 1711 Light St.

20. FILED 2-3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1933 to Feb 28 1933

I last saw h.. alive on Feb 27 1933 Death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 23 1933

Other **contributory causes** of importance:

Bronchitis	Feb 23 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. R. 1288-0

88139

HEALTH DEPARTMENT—CITY OF BALTIMORE

88139

CERTIFICATE OF DEATH

Registered No. 157-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Hill
(a) Residence: No. 1919 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/9/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME William Hill
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Amanda Hall
16. BIRTHPLACE (city or town) (State or country) Jamaica

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. College Date Mar 2d, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible]

1933 0208

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1933 to 2-20-1933
I last saw him alive on 2-20-1933 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	12-9-32

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward F. Mulcahy M. D.
(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

E 88140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34 E 88140

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Fred Teresspiewicz

(a) Residence: No. 255 S?. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) W

MOTHER

15. MAIDEN NAME W

16. BIRTHPLACE (city or town) (State or country) W

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. College Date Mar 2d, 1933

19. UNDERTAKER

(Address)

20. Filed 2-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	
Abcesses of rt lung.	

Other contributory causes of importance:

Syphillitic Aortitis etc	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos Casper M. D.

(Address) 508 E Monument

M. D. B. 1268-9

E 88141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88141

1. PLACE OF DEATH Md. General Hospital — Registered No. 11-601

CITY OF BALTIMORE: (No. ... S. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James G. Alexander

(a) Residence: No. 3114 Monument Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mrs. Thomas Alexander

6. DATE OF BIRTH (month, day, year) Oct 14 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belts, Tops & Sons

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pompey West Virginia

FATHER

13. NAME Harvey G. Alexander

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Harper

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Maryland Casualty Co. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3-5-33. 19

19. UNDERTAKER John J. Jahn & Sons (Address) 1311 E. Lexington St

20. FILED ... 19 ... Registrar

Washington Philippe & Co

3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1933 to March 1st 1933

I last saw h... alive on Mar. 1st 1933 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage (Ulcer)	2/24/33

Other contributory causes of importance:

Pneumonia, lung	1931

Name of operation Transfusion Date of 2/28/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ... M. D.

(Address) Md. General Hospital

A&Co. 5-31 250B

E 88142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88142

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Rivarside Ave St. 24-01 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Elizabeth Dalaud Turner

(a) Residence: No. 1236 Riverside Ave St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Thomas Turner

6. DATE OF BIRTH (month, day, year) Oct 12 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Adam Kachler

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Mollie Boone

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT John Thomas Turner
(Address) 1236 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 3/3/33 19....

19. UNDERTAKER Wm. J. Foley & Sons
(Address) 1315 Eutaw St

Dec'd 1933 Registered Mar 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to Feb. 28, 1933
I last saw h.E.R. alive on Feb. 28 1933 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	2/27/33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Campbell M. D.

3/2/33 (Address) 1644 Hanover St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88143

E 88143

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hospital Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Bellersen

(a) Residence: No. 1234 Vance St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary M. Bellersen

6. DATE OF BIRTH (month, day, year) March 1 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	March		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bake Shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jerem Bellersen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address) South Baltimore General Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Valley Grove Date 3 6 33 19.....

19. UNDERTAKER John F. Fahey & Sons
(Address) 4318 Eight Ave.

2-1933 FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933 to March 1, 1933

I last saw h.im alive on March 1, 1933. death is said to have occurred on the date stated above, at 9:24 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial degeneration & congestive failure	
Heart Block	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Tolliard, M. D.

(Address) South Baltimore General Hosp.

1-30—M. & T.—100 B—50L

E 88144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88144

CERTIFICATE OF DEATH

REGISTERED NO. 186-901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (ST.) 27-01 (WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Daughton.

(a) RESIDENCE NO 5301 Beaufort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced (HUSBAND) of (WIFE) Carrie Daughton.

6 DATE OF BIRTH (month, day, and year) February 22, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Horse trainer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Daughton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Christina Euler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Staunton, Va.

14 Informant Carrie Daughton. (wife)

(Address) 5301 Beaufort Ave.

15 Filed ..... 192 ..... Registrar

2-1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall down stairway.
Laceration of the left temporal lobe of brain, subdural hemorrhage.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2917 Belvedere Ave. February 25, 1933

Did an operation precede death? Yes. Date of Feb. 27, 1933

Was there an autopsy? Yes. (Hospital)

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

2/28/33 (Address) 1017 E. Chas St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL March 3 1933

20 UNDERTAKER Joseph H. Cook

ADDRESS 1003 West Baltimore St.

M. D. B. 1268-9

88145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 88145

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 E. Lombard St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A. Matthews

(a) Residence: No. 812 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 13, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Melvin Matthews

14. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

MOTHER

15. MAIDEN NAME Genevieve Minkchi

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Melvin Matthews
(Address) 812 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date Mar 4 33 19

19. UNDERTAKER Joseph B. Cook
(Address) 2003 E. Baltimore St.

20. FILED 3-2 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 19 33 to March 2 19 33

I last saw her alive on March 1 19 33 Death is said to have occurred on the date stated above, at 9.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 N. Lombard St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88146

CERTIFICATE OF DEATH

23 E 88146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 N. Bradford St., 8-31 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Jerome Baker

(a) Residence: No. 1731 N. Bradford St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Viola Baker

6. DATE OF BIRTH (month, day, year) Jan 7/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick-layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 011

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Baker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Dalny

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Vio Baker
(Address) 1731 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date March 4, 1933

19. UNDERTAKER F. & G. Cook
(Address) 172 W. Lafayette Ave

2-1933 FILED Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 1/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of tongue with extension to glands of neck & throat — Date of onset .....

Other contributory causes of importance:

Probably resultant General miliary Tuberculosis

Name of operation Resection of tongue & extirpation of neck glands Date of Dec/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 506 E Main

M. D. B. 1268-9

E 88463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88147

CERTIFICATE OF DEATH

72-001

E 88147

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Allen

(a) Residence: No. 1815 Bradbish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/19/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. or

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Charles Allen

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Betsy Piggot

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/4/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to March 2, 1933.

I last saw her alive on March 2, 1933. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Leukemia	10/24/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88148 — CERTIFICATE OF DEATH — 36 — E 88148

1—PLACE OF DEATH 3808 Second ave. Brooklyn Md — REGISTERED NO.

CITY OF BALTIMORE: (No.) — ST. 25-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr William F. Herald

(a) RESIDENCE NO. 3308 Second ave Brooklyn Md — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 10-1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 023

(b) General nature of industry, business, or establishment in which employed (or employer) Ice Wagon

(c) Name of employer Father

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Wm H Herold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Gabel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Virginia Bozeman

(Address) 2295 Annapolis Road. Washington Hyattsville, Md

15 FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2-1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to March 2, 1933, that I last saw him alive on March 1, 1933 and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis, following tooth extraction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Extraction

Did an operation precede death? yes Date of Feb 27/33

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. W. Wachter, M. D.

19 (Address) 827 Light St.

*State the Disease Causing Death, or (In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemet. — DATE OF BURIAL Mar 4 1933

20 UNDERTAKER Wm Cook — ADDRESS 1207 St Paul St.

M. D. B. 1268-9

E 88149 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88149

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Eutaw Place 8th-Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline A. R. Nimmo

(a) Residence: No. 1931 Eutaw Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME James R. Nimmo

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Jervis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Jennie S. Nimmo
(Address) 1931 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 3/3/ 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Filed 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 1932 to ..., 19...

I last saw h... alive on Feb 27, 1933. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma rectum - & Metastasis Operation - Colostomy 4 mos ago

Date of onset

Other contributory causes of importance:

Exhaustion Fever Chr Nephritis

Name of operation Sigmoidal Colostomy Date of 11-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard A. Kelly M. D.

(Address) 7 The Bloomfield

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 88150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88150

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2302 E Lafayette Ave (Street) (Ward) 13 101

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Barkley

(a) Residence: No. 2302 E Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Judith W Barkley

6. DATE OF BIRTH (month, day, year) Aug. 13 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allen Md

FATHER

13. NAME Melvin Toadvine

14. BIRTHPLACE (city or town) (State or country) Allen Md

MOTHER

15. MAIDEN NAME Centerville Layfield

16. BIRTHPLACE (City or town) (State or country) Allen Md

17. INFORMANT Ethlyn Everett

(Address) 1737 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Antioch M.E. Church Date 3/4/ 1933

Funeral Home Sansbury & Ward

19. UNDERTAKER Wm Cook

(Address) 1627 St Paul St

Huntington Hilliard M.D.

20. FILED 19 Registrar.

2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1933

22. I HEREBY CERTIFY, That I attended deceased from September 6 1932 to March 1 1933

I last saw her alive on March 1 1933. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	2-1-30
General Arteriosclerosis	2-1-30
Chronic Interstitial Nephritis	2-1-30

Other contributory causes of importance:

Senility	2-6-33
Acute Bronchitis	2-26-33

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Albert L Rawlings M. D.

(Address) 2423 E Monument St

M. D. B. 12-35

E 88151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88151

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? ~ yrs. ~ mos. ~ ds.

2. FULL NAME Harry M. Burgan

(a) Residence: No. 1010 Cathedral St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Feb 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	0	8 / 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Burgan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Charlotte Brady

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles E. Burgan

(Address) 2512 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/3 19 33

19. UNDERTAKER Henry H. Mears and Son

(Address) 805 N. Calvert St.

20. FILED ..... Registrar.

MAR 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 19 33

22. I HEREBY CERTIFY, That I attended deceased from 2-28-33 19 ..... to 3-2 19 33

I last saw him alive on 3-2 19 33 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia ?	2-23-33

Other contributory causes of importance:

? Chr Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. Kebler Young M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 88152 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88152

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 E Monument St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Pete Dunn

(a) Residence: No. 413 E Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years 43 | Months | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pile Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Eleanor Richardson

(Address) 1617 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar. 3, 1933

19. UNDERTAKER Nathan R. Williams

(Address) 522 N Stricker St.

20. FILED MAR 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19...

I last saw h... alive on Feb 27, 1933. Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 3 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Leslie Smith, M. D.

Coroner

(Address) Coroner

M. D. B. 1268-9

E 88153

E 88153 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2735 Raynor Ave (Ward) 16-24

Length of residence in city or town where death occurred 45 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry F. Balzer

(a) Residence: No. 2738 Raynor St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | Single, Married, Widowed, or Divorced (write word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sears

6. DATE OF BIRTH (month, day, and year) Sept 12-1882

7. AGE Years 45 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 009
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept 1932 | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
13. NAME Bergit Balzer
14. BIRTHPLACE (city or town) (State or country) Germany

FATHER
15. MAIDEN NAME Mary Brandy
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard Balzer
(Address) 2735 Raynor

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3-4-1933

19. UNDERTAKER ... & Conway Co
(Address) 411 Baltimore St

20. FILED ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide Strangulation by hanging

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19...
Where did injury occur? 2735 Raynor
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leo Klenk, M. D.
Coroner
(Address) Coroner

M. D. R. 1268-0

88154

E 88154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S Kenwood St. 1-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Moritz

(a) Residence: No. 501 S Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar P. Moritz

6. DATE OF BIRTH (month, day, year) Nov 28-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adolph Scheuer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Hunsted

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Oscar Moritz

(Address) 509 S Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 3, 1933

19. UNDERTAKER John Ulrich

(Address) 200 S Wolfe

20. FILED Mar 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Feb 28, 1933

I last saw her alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 year
Other contributory causes of importance:	
Nephritis	Chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W S Emmy M. D.

(Address) 627 N Eutaw St

Spec.—1-30—M. & T.—250 Blks

Stadford R. Newby

E 88155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88155

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 E Madison ST., 7-01 WARD)

2-FULL NAME Stadford Rudolph Newby

(a) RESIDENCE NO. 1634 E Madison ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 30, 32

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3 4	2 8 1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Stadford Rudolph Newby

11 BIRTHPLACE OF FATHER (city or town) York Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Stumely

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Father
(Address)

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.1.33

17 I HEREBY CERTIFY, That I attended deceased from 2.28, 1933, to 3.1., 1933, that I last saw h.e alive on 3.1., 1933 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobular - Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. sign.

(Signed) William V. Lowery M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int. Calvary Cem.

DATE OF BURIAL 3-3rd 1933

20 UNDERTAKER Jas. H. Skinner

ADDRESS 1625 E. Madison St.

M. D. B. 1268-9

88156 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88156

CERTIFICATE OF DEATH

11-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Jail St. 5-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Columbus Hill

(a) Residence: No. 312 N Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Hill

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Columbus Hill

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Columbus Hill Jr. (Son)
(Address) 310 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Int Calvary Date 3-4 1933

19. UNDERTAKER Mrs Jos. H. O. Locks
(Address) 1302 Jefferson St

20. FILED 3-3-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Jan 29, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 2-25-27
Bronchs. Pneumonia — 1533
one day

Other contributory causes of importance: (Oedema of Lungs)

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

Signed James M Fenton M. D.
Coroner

3/2/33 (Address) 700 E Chase

M. D. R. 1268-9

E 88157

E 88157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 10349

Urol.

51

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Thomas J. Hebber

(a) Residence: No. 1127 Poplar Grove St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie C.

6. DATE OF BIRTH (month, day, year) 9/7/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	25 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date March 6, 1933

19. UNDERTAKER Robert S. Slade

(Address) 2705 E. Lanvale

20. FILED 3-13-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-25-1933 to 3-2-1933

I last saw him alive on 3-2-1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of urinary bladder	
Intestinal obstruction (extension of tumor)	

Other contributory causes of importance:

Uraemia	

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Klein M. D.

(Address)

Spec.—8-16-29—L. F. S.—100 Bks.

E 88158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88158

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Ave ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Turner Yardley

(a) RESIDENCE NO. 2001 Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas. F. Yardley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Penn

12 MAIDEN NAME OF MOTHER Elizabeth Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hannah T. Yardley

(Address) 2001 Park Ave

15 Filed 3-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2-1933

17 I HEREBY CERTIFY, That I attended deceased from March 18-, 1933 to March 2-, 1933

that I last saw h[er] alive on Feb. 27-, 1933

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis, chronic interstitial nephritis. Hist. Some years.
Cerebral softening, (thrombosis) Hist. 1929.
Central Embolism (duration) about 1 hour. yrs. mos. ds.

CONTRIBUTORY (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. Ward Brasier, M. D.

, 19 (Address) 2125 Maryland Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL Mch. 4 1933

20 UNDERTAKER Chas. E. Franck ADDRESS 807 Madison Ave

M. D. B. 1268-2

88159

HEALTH DEPARTMENT—CITY OF BALTIMORE

88159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Muriel Miller

(a) Residence: No. 406 So. Cornwall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Apr 12, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ~~Baltimore~~ Sparrow Point (State or country) Md

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Eckardt

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Mary Miller (Address) 406 So Cornwall St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date March 3, 1933

19. UNDERTAKER John F. Denny (Address) 715 LIGHT. ST.

FILED MAR 3 1933 Huntington [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1933 to March 1, 1933

I last saw her alive on March 1, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	2/17/33
Other contributory causes of importance:	
Septicaemia	2/21/33

Name of operation nasal Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Peter Menaechi M. D.

(Address) Sydenham Hospital

Cor.—10-10-29—A Co.—100 Bks. Sylvester W. Baseman

88160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88160

CERTIFICATE OF DEATH

162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1304 Bonaparte Ave. St., 9-01 Ward)

2-FULL NAME Sylvester W. Baseman

(a) RESIDENCE NO. 1304 Bonaparte Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

Important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie A. Baseman

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	82	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Gardener 086
(c) Name of employer

9 BIRTHPLACE (city or town) Reisterstown
(State or country) Md.

PARENTS

10 NAME OF FATHER Dr. S. Baseman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Redford

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Miss Lillian A. Baseman
(Address) 1304 Bonaparte Ave.

15 Filed 3-1933 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 192 3.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Changes

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], M. D.

3/3/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 4 1933

20 UNDERTAKER John F. Henry

ADDRESS 715 Light St.

M. D. B. 1268-9

Tuell

88161 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88161

CERTIFICATE OF DEATH

V 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 William St. 02-01 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Tuell

(a) Residence: No. 314 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Tuell

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge, (State or country) Md.

FATHER

13. NAME Harrison Bennett

14. BIRTHPLACE (city or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Miss Eva Tuell (Daughter)
(Address) 314 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar. 3, 19 23

19. UNDERTAKER John F. Henney
(Address) 715 Light St.

Huntington Ave. Funeral Home

19 ..... Registrar.

MAR 3 - 1923

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 19 23

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1923 to Mar 1st 1923

I last saw h. alive on Mar 1 1923 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Nephritis	1917
Uremia	
Other contributory causes of importance:	
Cystitis Pyelonephritis	Feb 28 '23

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Watson M. D.

(Address) 827 N. Eutaw

M. D. B. 1268-9

88162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88162

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 71-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Mannell

(a) Residence: No. 1923 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Mannel

6. DATE OF BIRTH (month, day, year) Feb. 21 1876

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles F. Mannel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Black

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Mannell
(Address) 1923 Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Mar. 4 1933

19. UNDERTAKER Josiah Syfer
(Address) 1600 W. North Ave.

20. FILED MAR 3 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 25 1933 to 3 1 1933

I last saw him alive on 3 - 1 - 1933 Death is said to have occurred on the date stated above, at 10:6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1
Other contributory causes of importance:	
Terminal pneumonia	2-27-33

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris Schreiber M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

88163 HEALTH DEPARTMENT—CITY OF BALTIMORE 88163

CERTIFICATE OF DEATH

V 34

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 E Chase St. 13-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Nolker

(a) Residence: No. 3904 Hickory St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick J. Nolker

6. DATE OF BIRTH (month, day, year) Aug 20 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Yost

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Elwine

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Frederick J. Nolker
(Address) 3904 Hickory ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3-4 1933

19. UNDERTAKER E & B Harlan
(Address) 115 E 23rd St

FILED MAR 3 - 1933 By Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

Investigated the above case

The principal cause of death and related causes of importance were as follows:

Myocarditis + Aortic Insufficiency

Date of onset ...

Other contributory causes of importance:

1 Coronary Embolism ?

Sudden

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Fenton M. D.
(Address) 700 E Chase Coroner

3/2/33

1-30-M 88164 09 B—50I.

E 88164

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88164

CERTIFICATE OF DEATH

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V. Vetters.

(a) RESIDENCE NO 2201 Sidney Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Entire yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Joseph Vetters.

6 DATE OF BIRTH (month, day, and year) April 14, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	17 15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md

PARENTS

10 NAME OF FATHER Clement Robinett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Clemm.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia.

14 Informant Joseph Vetters. (husband)

(Address) 2201 Sidney Ave.

15 Filed MAR 3 - 1933 Registrar

CORONER'S CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) March 1, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Eclampsia.
8 Mos. pregnant.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2201 Sidney Ave. March 1, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

3/2/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross & A Co. DATE OF BURIAL 3-4 19 33

20 UNDERTAKER Bernard C Harle ADDRESS 1000 S Paca St

M. D. B. 1268-9

E 88165 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88165

CERTIFICATE OF DEATH

Registered No. V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Market Place St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berta Prano

(a) Residence: No. 106 Market Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francesco Prano

6. DATE OF BIRTH (month, day, year) Feb. 8, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
65	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vito Nanio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Armetta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincenzo Prano

(Address) 106 Market Place

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 4, 1933

19. UNDERTAKER George J. Roth Inc.

(Address) 1733 Druid Hill Ave

20. FILED MAR 3 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1933, to 3-2-, 1933

I last saw her alive on 3-1-, 1933. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Infected gall bladder — Date of onset 2-6-33
with probable
cancer of gall bladder
jaundiced for
Cancerous origin?

Other contributory causes of importance:

General debility — 3 days
Intestinal stasis,
obstruction, Paralitic Ileus

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Emanuel M. D.

(Address) Medical Arts Bldg

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88166 E 88166

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-91 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Boy Cohen

(a) Residence: No. Mercy Hospital St. ..... Ward. .....
(Usual place of abode) 2408 Pennsylvania Ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME Ben. Cohen
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md
15. MAIDEN NAME Zelda Greenberg
16. BIRTHPLACE (city or town) Iowa
(State or country) Iowa

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 3-3 1933

19. UNDERTAKER Ford Funeral Home
(Address) 1300 Pennsylvania Ave

20. FILED MAR 3 1933 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1933 to March 3, 1933
I last saw he alive on March 3 1933 death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-28-33
2 days	
Other contributory causes of importance:	
Premature Baby	2-28

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harrington Williams M. D.
(Address) Mercy Hospital

M. D. B. 1268-9

E 88167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88167

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. North Ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Jeters Mullen

(a) Residence: No. 1815 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa F. Mullen

6. DATE OF BIRTH (month, day, year): Sept 3/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Former Hotel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Proprietor 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk, Va.

MOTHER FATHER

13. NAME: Edward K. Mullen

14. BIRTHPLACE (city or town) (State or country): Norfolk, Va.

15. MAIDEN NAME: Catherine DeFord

16. BIRTHPLACE (city or town) (State or country): Norfolk, Va.

17. INFORMANT: Catherine DeF. French (Mother)

(Address): 1815 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place 12th Christ Date 3/3 '33

19. UNDERTAKER William Cook

(Address) 1218 East St

20. FILED 1933 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
" Cardiac Valvulitis	?
" Nephritis	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Coroner . M. D.

(Address)

E 88168

E 88168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city 1600 blk. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Sullivan

(a) Residence: No. 2863 Phila. ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) August 28 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	64	4.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Georg L. Sullivan

14. BIRTHPLACE (city or town) (State or country) Alexandria Va.

MOTHER

15. MAIDEN NAME Josephine Wipple

16. BIRTHPLACE (city or town) (State or country) ? Canada

17. INFORMANT Clara J. Bell

(Address) Southern & Irondale Colgate

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 4. 1933

19. UNDERTAKER Wendell Higgins

(Address) 300 Caroline St.

19 Huntington Williams, Registrar.

MAR 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1933 to 3/1 1933

I last saw h. /M alive on 3/1/33 19 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Wm. Fenner Gilmartin M. D.

N.P.

(Address) Bubb & Hoyt

M. D. B. 1268-9

E 88169

E 88169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Hamilton Ave St. 27-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. McNelly

(a) Residence: No. 3600 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late James E. McNelly

6. DATE OF BIRTH (month, day, year) Jan 20 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Lutherville Balto Co. Md.

FATHER

13. NAME John O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Hines

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Eatton Sister

(Address) 3600 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marie Cemetery Date Mar 6th, 1933

19. UNDERTAKER Edgar W. Conklin

(Address) 924 E Eager St.

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Mar 2, 1933, that I last saw her alive on Mar 2, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/15/33

Other contributory causes of importance:

arteriosclerosis
senility
myocarditis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Vernon G York M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

Copy

88170

HEALTH DEPARTMENT—CITY OF BALTIMORE

88170

CERTIFICATE OF DEATH

V 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 E. Twenty Eighth St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julie B. Jedlicka

(a) Residence: No. 1517 E. Twenty Eighth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jedlicka

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank Fretzer

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John Jedlicka
(Address) 1517 E. Twenty Eighth

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Mar 4 1933

19. UNDERTAKER Frank Lesnick Son
(Address) 1911 Orleans ave

20. FILED MAR 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from October, 1932 to March 2, 1933.

I last saw h alive on March 2, 1933. Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Terminal Generalized Arteriosclerosis	unknown
(b) Interstitial Carcinoma	9 mos

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Lyd M. D.

(Address) 2005 E. Monument St.

AACo. 5-31 250B

88171

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88171

CERTIFICATE OF DEATH

V 124-001

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 E. Pratt Street St. 2-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boleslaus Franczkiewicz

(a) Residence: No. 1836 E. Pratt Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER & FATHER

13. NAME Lawrence . Franczkiewicz
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Piaseczna
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Frank Gregorek
(Address) 1836 E. Pratt Street

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart of Mary Date March 4 1933

19. UNDERTAKER John H. Weber
(Address) 1401 E. Fayette St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 , 1932 to March 1 , 1933

I last saw him alive on Feb 28 , 1933 death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset 12/9/32

Other contributory causes of importance: Hypertrophic Cirrhosis Liver — 12/5/31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. H. Mazer, M. D.

(Address) 412 E. Baltimore

M. D. B. 1268-9

E 88172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88172

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 E. 31st St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Bossle

(a) Residence: No. 1901 E. 30th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace McGaw Bossle

6. DATE OF BIRTH (month, day, year) Oct 13/1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph C. Bossle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Grace McGaw Bossle
(Address) 1901 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar 4 1933

19. UNDERTAKER Chas. B. Reed Son
(Address) 1824 N. Eutaw St.

20. FILED Mar 6 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Cerebral Apoplexy	4 hrs	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Bossle M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

88173 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 88173

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5114 Harford Road D 7 54 Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T Douglas

(a) Residence: No. 5114 Harford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE~~ of Theresa Clara Douglas

6. DATE OF BIRTH (month, day, year) March 8th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Register of Wills

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Register Wills 009

10. Date deceased last worked at this occupation (month and year) Feb 22

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Douglas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha Biddison

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Daughter Nettie Douglas
(Address) 5114 Harford Road

18. BURIAL, C[redacted] 2:30 PM
Place Loudon Parkman Date Sat Mar 4th 1933

19. UNDERTAKER George Schillings & Sons
(Address) Mortuarians & Undertakers Huntington Indiana

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Mar 1 1933

I last saw him alive on Mar 1 1933 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2/27/33

Other contributory causes of importance:

Diabetes
Myocarditis
Senility

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herman G Voigt M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

88174 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88174

V 173

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carol Bossieux

(a) Residence: No. 686 Sarah Anne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doris Bossieux

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Edward Bossieux

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Viola Cappel

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs V. Bossieux

(Address) 686 Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 3 1933

19. UNDERTAKER E. Wilson

(Address) 1300 Bradford

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to gunshot wound of lung, heart & aorta	
Other contributory causes of importance:	

Name of operation... Date of...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide injury 2/25 1933

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Zitter Coroner M. D.

(Address) 2739 Eastern Ave

M. D. R. 1368-9

88175 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88175

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Nice Henry St. 90-A Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Williams Bauns

(a) Residence: No. 2117 Nice Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha L. Bauns

6. DATE OF BIRTH (month, day, year): Nov. 22/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bristle Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hair Factory do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Ernest Bauns

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dora Fischer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Bertha Bauns (wife)
(Address) 2117 Nice Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: 3/4/ 1933

19. UNDERTAKER: F. B. Gilbert
(Address) 1545 Eutaw Place

20. FILED: MAR 3 - 1933 Hunter-Williams N.F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/14/ 1933 to 3/1/ 1933

I last saw h[illegible] alive on 3/1/ 1933 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmhage	2/14/33

Other contributory causes of importance:

Arteriosclerosis

Name of operation: No Date of: .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Cahn M. D.

(Address) 1145 N. Balto St

M. D. B. 1266-9

E 88176 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 W. Fayette St. 4-01 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie E. Martin

(a) Residence: No. 711 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Martin

6. DATE OF BIRTH (month, day, year) Dec 6 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Ryan

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland.

MOTHER

15. MAIDEN NAME Ellen Lee

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James D. Bain

(Address) 711 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balt. Cem. Date 3/6/33, 1933

19. UNDERTAKER Margaret B. Flynn

(Address) 210 W. Lafayette St.

Washington Boulevard, Md.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 - , 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2 - 1930, to March 3 - , 1933

I last saw h- alive on 2-25- , 1933 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of L. breast	Feb 1929

Other contributory causes of importance: none

Name of operation none Date of -

What test confirmed diagnosis? C.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Chester Rulands M. D.

(Address) 253 - Edmondson ave.

M. D. B. 1268-A

E 88177

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 88177

CERTIFICATE OF DEATH

Registered No. 145-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 42-01 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Grace Banks

(a) Residence: No. 321 E Barclay St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Banks

6. DATE OF BIRTH (month, day, year) September 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Good

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Scrumps

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 5 1933

19. UNDERTAKER Mrs A. G. Elliott

(Address) 627 N. Cardineast

20. FILED 3 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933 to Feb 25, 1933

I last saw h.e.r. alive on Feb 25, 1933 Death is said to have occurred on the date stated above, at 8 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	2/10/33
Pelvic thrombophlebitis	2/14/33
Multiple lung abscesses	2/20/33

Other contributory causes of importance:

Name of operation Pantaloons Cesarean Manual Removal placenta Date of 2/11/33

What test confirmed diagnosis Culture Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ruth W. Jack, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

88178

HEALTH DEPARTMENT—CITY OF BALTIMORE

88178

CERTIFICATE OF DEATH

1. PLACE OF DEATH 20 Graphic House

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Registered No. 89-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Martha Schramel

(a) Residence: No. 3025 Chesterfield Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Schramel.

6. DATE OF BIRTH (month, day, year) Nov 22, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Patrick Harrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hurley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph J. Schramel

(Address) 3025 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date Mar 4, 1933

19. UNDERTAKER John A. Myers

(Address) 5000 E. Baltimore St.

20. 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1933 to Mar. 2, 1933

I last saw h.e alive on Mar 2, 1933 Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Otitis Media	
Pneumococcic Meningitis	2/27/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Agnes Hospital

M. D. R. 1268-9

E 88179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88179

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 Federal St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Indiana Rice

(a) Residence: No. 440 Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Rice

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Allen Madden

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Harriet Branch

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Rice
(Address) 440 Federal

18. BURIAL, CREMATION, OR REMOVAL
Place Alberta Va Date 3/4/33

19. UNDERTAKER Samuel Boulden Sr
(Address) 2222 Eutaw Pl

3 FILED 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h ... alive on Mar 2 19 ... Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr
Other contributory causes of importance: Coronary Thrombus Sudden	

Name of operation no Date of

What test confirmed diagnosis? Hist. Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury ... 19 ...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Faulon Coroner, M. D.

3/2/33 (Address) 7002 Chase

M. D. B. 1269-6

Byrne

HEALTH DEPARTMENT—CITY OF BALTIMORE

38180 E 88180

CERTIFICATE OF DEATH

Registered No. 27-01 V 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Orkney Rd. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary. T Byrne

(a) Residence: No. 508 Orkney Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J Byrne

6. DATE OF BIRTH (month, day, year) Feb - 14 - 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	0	17	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) County Wicklow Ireland

FATHER

13. NAME John Hegan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Mooney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mengie Byrne

(Address) 508 Orkney Rd.

18. BURIAL, CREMATION, OR REMOVAL [illegible] Clearview Date 3/6/33 19...

19. UNDERTAKER J. J. Zahorsky Sons

(Address) 1318 Light St.

20. FILED ... 19... Registrar.

3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to March 3 1933

I last saw her alive on March 3 1933 Death is said to have occurred on the date stated above, at 1. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Sclerosis	3 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Haines M. D.

(Address) 5600 York Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88181 E 88181

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4908 Chalgrove Ave St.) (Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 32 yrs. ..... mos. ..... ds.

2. FULL NAME Zulla Tumminello

(a) Residence: No. 4908 Chalgrove ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Tumminello

6. DATE OF BIRTH (month, day, year) Sept 27, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER'S FATHER

13. NAME Vincent Tumminello.

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Medeca

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sam. Tumminello.
(Address) 4908 Chalgrove Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3 / 4 33 19

19. UNDERTAKER Verna Lemmon.
(Address) 764 Park Heights Ave.

FILED 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933 to Feb. 28, 1933

I last saw her alive on Feb. 28, 1933 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia.	2/17/33
Other contributory causes of importance:	
Cardiac Dilatation.	2/27/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Tumminello M. D.

(Address) 701 Medical Arts Bldg.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88182

E 88182

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St. 22-01 Ward)

Length of residence in city or town where death occurred 44 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Coyle

(a) Residence: No. 641 Light St., Ward. E

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About Aug. 4 - 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 44		6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mech

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick Coyle

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 3/6 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1933 to 3-1, 1933

I last saw h[illegible] alive on 3-1 1933 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	
Acute Cardiac Decompensation With Pulmonary Edema	2-27-33
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl Luban, M. D.

(Address) South Baltimore Gen. Hosp.

M. D. B. 1208-9

88183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88183

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 St. Paul St., 12-01 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occucced 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Victor Christy

(a) Residence: No. 2103 St. Paul St. St., Ward.

(Usual place of abode) (If non-cesident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color oc Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs Margaret Christy

6. DATE OF BIRTH (month, day, yeac) May 28 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. oc min.
	53	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am Tinned Products

10. Date deceased last worked at this occupation (month and yeac) Sept 1930

11. Totai time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Christy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma ? ?

16. BIRTHPLACE (city or town) (State oc country) Maryland

17. INFORMANT Mrs Margaret Christy

(Address) 2103 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Bowans Chesterfield Date Mar 4 1933

19. UNDERTAKER J. H. Tuckers Sons

(Address) North Eaton

Huntington Williams NY

20. FILED Registrac.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Mar 1, 1933

I last saw him alive on March 1, 1933. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	one
	2 yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injucy, 19

Where did injury occur? (Specify city oc town, county, and State)

Specify whether injury occucred in industry, in home, oc in public place

Mannec of injury

Natuce of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Hess, M. D.

(Address) 5200 York Road

M. D. B. 1268-9

E 88184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88184

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3223 Lyndale St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Martha Barnhart

(a) Residence: No. 3223 Lyndale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank L. Barnhart

6. DATE OF BIRTH (month, day, year) Dec 15 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Crone

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary E Rockey

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Mary Smith
(Address) 3223 Lyndale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pa Date Mar 6. 1933

19. UNDERTAKER The Frederick Sons
(Address) Frederick Md

20. 1933 ~~Huntington Williams~~ Registrar. RFB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 , 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 3 1933

I last saw h.. alive on March 2 1933 Death is said to have occurred on the date stated above, at 5:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-1-33
Other contributory causes of importance:	
Arteriosclerosis	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert E Sinnott M D.

(Address) 1613 E. Monument St

M. D. R. 1268-9

E 88185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 88185

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 W. Lanvale St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Kate Roberts

(a) Residence: No. 2507 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Everfield Roberts

6. DATE OF BIRTH (month, day, year) February 2, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Louise Larkin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. R. Elmer Roberts

(Address) 2507 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar. 19 33

19. UNDERTAKER Joseph S. Cook

(Address) 1005 W. Baltimore St.

Washington Funeral Parlor, Inc.

FILED 3-3 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov - 15 1932 to Mch - 2 1933

I last saw her alive on Mch - 2 19 33. Death is said to have occurred on the date stated above, at 1.21 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 25, 33
Mitral Insufficiency	

Other contributory causes of importance:

Angina Pectoris	3 months

Name of operation None Date of .....

What test confirmed diagnosis? Physician Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Marion Lee Shoob M. D.

(Address) 806 N. Fulton Ave.

AACo. 5-31 2508

88186 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 88186

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N. E. Corner North & Eutaw Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME George A Kern

(a) Residence: No. N. E. cor. North & Retreat Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Martin

6. DATE OF BIRTH (month, day, year) April 23, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT John Woelfel
(Address) 1617 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date March 1933

19. UNDERTAKER J. D. Connelly
(Address) Essex Md

20. FILED MAR 8 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to March 2, 1933

I last saw h[illegible] alive on March 2 1933 death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	5 yrs.

Other contributory causes of importance:

Bronchopneumonia	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lentz, M. D.
(Address) Temple Garden Apts

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88187 E 88187

CERTIFICATE OF DEATH

Pronounced Dead at 12-01 164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem'l Hosp. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 45 0 3

2. FULL NAME Wilma Gorsuch Carter

(a) Residence: No. 3706 N Charles St., 12 Ward. Buckingham Arms Apt. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Horace L Carter

6. DATE OF BIRTH (month, day, year) Feb 27 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

MOTHER FATHER

13. NAME Geo. V. Gorsuch

14. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland

15. MAIDEN NAME Annie A. Keller

16. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland

17. INFORMANT Mrs. Emma Gorsuch (Address) 3706 N Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 4 1933

19. UNDERTAKER Heuman Myers Co (Address) Huntington Indiana

MAY 3 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poison (Suicide)	

Other contributory causes of importance: Over

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. J. Horsley Coroner, M. D.

(Address) ...

M. D. B. 1268-9

88188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88188

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Warwick Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie R. Sauner

(a) Residence: No. 1610 Warwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm Mortimer

6. DATE OF BIRTH (month, day, year) about 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis H. Bennett

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. Mortimer Sauner

(Address) 1610 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 6 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to Mar 2 1933

I last saw her alive on Mar 2 1933 Death is said to have occurred on the date stated above, at 11.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	
with Ascites, Jaundice	
& Cachexia July 12 -	1932

Other contributory causes of importance:

Pernicious Anaemia	1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

3-1933

M. D. B. 1268-9

88189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88189

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 E. 25th St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret K. Taylor

(a) Residence: No. 232 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of John S. Taylor

6. DATE OF BIRTH (month, day, year) July 3rd 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Levi Kessler

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT J. H. Taylor

(Address) 232 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 4th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Hilligus Registrar

3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1930 to Mar 2 1933

I last saw her alive on Mar 2 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis (generalized).	10 yrs ago
cerebral hemorrhage	2/9/33
Other contributory causes of importance: chronic rheumatic arthritis	10 yrs ago

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George F Kupp M. D.

(Address) 3030 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88190

CERTIFICATE OF DEATH

E 88190

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 Belt St. (Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose C. L. Scully

(a) Residence: No. 1412 Belt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis L. Scully Sr.

6. DATE OF BIRTH (month, day, year): Dec. 2 1883

7. AGE: Years 49 | Months 3 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER'S FATHER

13. NAME: Thos. J. Conroy
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Cornelia Gothmuth
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Louis L. Scully Jr.
(Address) 1412 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Mar. 6 1933

19. UNDERTAKER: Margaret E. Hyson
(Address) 1412 Belt St. Huntington Phillips, Nov 9 1933

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2. 1933.

22. I HEREBY CERTIFY, That I attended deceased from February 28 1933 to March 2 1933

I last saw h... alive on March 2 1933 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of Lungs.	

Other contributory causes of importance:

Valvular endocarditis - mitral insufficiency.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John G. Schmuck M. D.
(Address) 1337 S. Charles St.

M. D. R. 1263-B

88191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88191

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 E Eager St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frieda Voss

(a) Residence: No. 1932 E Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 1. 1910

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	22	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Otto Voss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Voss

(Address) 1327 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL

Place Westwood Date Mar 4 1933

19. UNDERTAKER John Ullrich

(Address) Fairfield Md

20. FILED ..... 19 ..... (Registrar)

1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933 to Mch 1 1933

I last saw h.. alive on Mch 1 1933 Death is said to have occurred on the date stated above, at 11:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Pneumonia	2/26/33

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. W. Bruce M. D.

(Address) 1817 N Broadway

M. D. R. 1268-9

E. 88192 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 88192

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3031 Dona Terrace E-of Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Miller

(a) Residence: No. 3031 Dona Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian Miller

6. DATE OF BIRTH (month, day, year) Apr 8 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	24	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Wolfersman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kathe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian Miller
(Address) 3031 Dona Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 6, 1933

19. UNDERTAKER John Uelrich
(Address) 2005 Orleans St

20. FILED Mar 6 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1933, to March 2nd, 1933

I last saw h[illegible] alive on March 2nd, 1933 Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 28/33
Other contributory causes of importance:	
Pernicious Anemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Herman J. Gerning M. D.

(Address) 1400 Eastern Ave.

M. D. B. 1268-9

E 88193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 88193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 W. Mulberry St. 18-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Robert Garrison

(a) Residence: No. 914 W. Mulberry St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co, Md

FATHER

13. NAME Horace Garrison

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rosa Tibbet

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Name) Fanny Garrison

(Address) 914 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 4, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 332 S Schroeder St.

20. FILED 1933 Mar 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Name of operation..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Harry Tilden M. D. Coroner

(Address) 2739 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 88194

HEALTH DEPARTMENT—CITY OF BALTIMORE

M

E 88194

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Balto. Genl. Hos St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Leonard J. Turlington

(a) RESIDENCE NO. 2102 Mt. Holly St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced RUSBAND of (or) WIFE of Carrie Turlington

6 DATE OF BIRTH (month, day, and year) August 23 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Medical Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Accamac Co. Va.

(State or country)

10 NAME OF FATHER James Turlington

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Carrie Turlington

(Address) 2102 Mt. Holly St

15 Filed ....., 19..... Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Left tibia
Coronary Embolism

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) 1 yrs. ..... mos. 8 ds.

(Signed) Joseph Pokorny M. D.
(Coroner)

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 8 ds. In the State 60 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? auto he was driving collided with another at Patapsco & Bradelyn Ave 2/23/33.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial 3/6 1933

20 UNDERTAKER J. Fen McCully

ADDRESS 130 E. Front

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88195 E 88195

CERTIFICATE OF DEATH

V 46

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital. 30-01

CITY OF BALTIMORE: (No. Wilkins & Caton Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Louisa Arminger

(a) Residence: No. 2660 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Arminger

6. DATE OF BIRTH (month, day, year) May 23rd 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Schmidt

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Johanna Heber

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT Jesse L. Arminger
(Address) Germes

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Medway 1933

19. UNDERTAKER C. Schlosnas & Son
(Address) 1089 Hanover st

20. FILED ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1933 to March 2 1933

I last saw h.s.w. alive on March 2 1933 Death is said to have occurred on the date stated above, at 12.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	2/12/

Other contributory causes of importance:

Name of operation Exploratory Date of 2/17/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George Govatos, M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

88196

HEALTH DEPARTMENT—CITY OF BALTIMORE

88196

CERTIFICATE OF DEATH

35

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Christina Liberto

(a) Residence: No. 309 N. Green St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Liberto

6. DATE OF BIRTH (month, day, year) 8/4/06

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Enrico Liberto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concettina Liberto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Husband (P. Liberto)

(Address) 309 N. Green St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 6, 1933

19. UNDERTAKER Frank V. Pipetone

(Address) 2818 E. Balto St.

20. Filed ..., 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/26/33, 19... to 3/3/33, 19...

I last saw h[illegible] alive on 3/3/33, 19... Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Inflammatory Disease	3½ mo.
Other contributory causes of importance: Post-operative shock	14 hrs.

Name of operation Vaginal salpingo-oophorectomy Date of 3/2/33

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond E. Hartwich, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 88197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88197

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Calhoun St. 19-C (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Burke

(a) Residence: No. 416 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Burke

6. DATE OF BIRTH (month, day, year) Oct. 2, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME ? Sims

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT William B. Burke
(Address) 416 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Mar. 6 1933

19. UNDERTAKER Carley's Funeral Home
(Address) 700 E. North Ave

20. FILED Mar. 7, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, to Mar. 3, 1933

I last saw h. alive on Mar. 1, 1933. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Heart	Jan. 33
Other contributory causes of importance: Intestinal Nephritis	Jan. 33

Name of operation none Date of —

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. Hobart Ketch M. D.

(Address) 502 Catrton Bldg B.

M. D. B. 1268-9

88198

HEALTH DEPARTMENT—CITY OF BALTIMORE

88198

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 E. Lanvale St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 7 mos. — ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Alverta Jena Wilkenson

(a) Residence: No. 2021 E. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John S. Wilkenson

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Wm. Pearce

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Wm. Calvin S. Wilkenson

(Address) 2021 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date March 6 1933

19. UNDERTAKER Henry Hoeck Sons, Inc.

(Address) 301 E. Eager St.

20. Filed 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from 1926, 19..., to Mar. 3. 1933

I last saw her alive on Mar. 2. 1933 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	1926
Diabetes	

Other contributory causes of importance:

—	

Name of operation — Date of —

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 W. William St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88199 E 88199

CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Mainfield Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME August P Stiering

(a) Residence: No. 4308 Mainfield Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced (or) WIFE of the late Marie Stiering

6. DATE OF BIRTH (month, day, year) August 16 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	94	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Gustaviene Beck

(Address) 4308 Mainfield Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date 3/6 19 33

Place

19. UNDERTAKER Henry Heck Sons, Inc.

(Address) 1301 E. Eager St

....., 19.... Registrar.

20. F... 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1933 to March 3 1933

I last saw h... alive on March 2 1933 Death is said to have occurred on the date stated above, at 3.30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 Yr
Other contributory causes of importance: Uremia — Renal Hemorrhage	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J Cook M. D.

(Address) 4632 Frankstown

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88200

CERTIFICATE OF DEATH.

131 E 88200

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-01 St. _____ Ward)

2-FULL NAME John Garmore

(a) RESIDENCE NO. Little Sisters of the Poor-1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Burke

6 DATE OF BIRTH (month, day, and year): October 14 - 1868

7 AGE: Years: 65 " 64 | Months: 4 | Days: 19 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Maryland

(State or country)

10 NAME OF FATHER: Edward Garmore

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Susan Skinner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sister Stanislas Sup.

(Address) 1200 Valley St. md

15 Filed _____, 19 1933 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb 24 1933 to Mch 3 1933, that I last saw h[illegible] alive on Mch 3 1933, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

Chr nephritis,

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. McC. Clarke, M. D.

3/4, 1933 (Address) 1114 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: March 6 1933

20 UNDERTAKER: H. Lander Sons Inc — ADDRESS: 1710 Pleasant

M. D. B. 1268-9

88201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88201

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette & Calhoun Sts. 27-04 (Ward) 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A Deatel

(a) Residence: No. 6209 Wallis Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie Deatel

6. DATE OF BIRTH (month, day, year) July 27, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Merchant.

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Deatel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Burkhammer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles Deatel

(Address) 1604 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place of Dugan Pedigo Date May 6, 1933

19. UNDERTAKER Ellis D. White

(Address) 2[illegible] Pennsylvania Ave Huntingdon Pittsburgh, Pa.

20. FILED 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to March 2, 1933

I last saw him alive on March 2, 1933 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	?
	prior
Other contributory causes of importance: Pyemia	Feb 19

Name of operation Prostatectomy Date of Jan. 31

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eldred Roberts, M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

719

88202

HEALTH DEPARTMENT—CITY OF BALTIMORE

88202

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital Registered No.

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Singer

(a) Residence: No. 4100 Dorchester ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Singer

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Betsy

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Singer (Address) 1808 N. Fremont st

18. BURIAL, CREMATION, OR REMOVAL Place Sinai Date 3-5-33 19

19. UNDERTAKER Paul Kenny Inc (Address) 1439 E. Baltimore st

20. FILED 19 Registrar.

MAR 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1. 1933 to Mar. 4. 1933

I last saw h alive on Mar. 3 1933 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	several years
Other contributory causes of importance:	
Cardiac Dilatation	3 days

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo Kurt C Blake M. D.

(Address) 711 Med. Arts Bldg

M. D. B. 1268-B

E 88203

E 88203 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (23) yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Lazar Abramowitz

(a) Residence: No. 734 S. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Shasa

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Henry Abramowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Silky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Washington Co. Md. Date 3-5-33 19

19. UNDERTAKER Levi & Levy Inc

(Address) 1439 E. Baltimore St.

20. FILED MAR 5 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to March 4, 1933

I last saw h[illegible] alive on March 4, 1933. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/1/33

Other contributory causes of importance:

Cardiac insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Lazar M. D.

(Address) [illegible]

M. D. B. 1388-0

88204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88204

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument 5801 Ward) E.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? 3 yrs. mos. ds.

2. FULL NAME Mrs. Samuel Carp

(a) Residence: No. 2647 Loyola Southway, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Dora Carp

6. DATE OF BIRTH (month, day, year): 1875

7. AGE: 58 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Rosedale Cem. Date: 3-5-33, 19

19. UNDERTAKER: Jack Levin Sons

(Address) 1439 E. Lombard St.

20. FILED: MAR 5 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933 to March 4, 1933

I last saw h[illegible] alive on March 4, 1933 Death is said to have occurred on the date stated above, at 12½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	Mar. 1
Cardiac failure	Feb 17
Pulmonary Edema	Mar 3
Chronic Nephritis	

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David Hanford Clapman M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

88205

HEALTH DEPARTMENT—CITY OF BALTIMORE

88205

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Chester St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Shulman

(a) Residence: No. 204 N. Chester St. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore Shulman

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Shulman

(Address) 68 Irvington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Reform Rondale Date 3-5-33 19

19. UNDERTAKER Jack Levin & Son

(Address) 1337 E. Baltimore St.

20. FILED 3-5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to March 4, 1933

I last saw her alive on March 4, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - endocarditis	1924
Other contributory causes of importance:	
Acute appendicitis 3 days prior to death	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Pustrom, M. D.

(Address) 5101 Denmore ave.

Spec.—2-29-28—L. F. S.—500 Blks.

E 88206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88206

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 115-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3809 Dorchester Rd. WARD 15th)

2—FULL NAME Joseph Reese Wilson III

(a) RESIDENCE NO. 3809 Dorchester Rd. WARD 15th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 11 mos. 22 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): March 26-1908

AGE	Years	Months	Days	if LESS than 1 day, hrs. or min.
	24	11	822	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Joseph R Wilson Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Katherine Tault

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Mr Joseph R Wilson Jr

(Address): 3809 Dorchester Rd

Filed: 3-5-1933 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4-33

17 I HEREBY CERTIFY, That I attended deceased from June, 1920, to March 2, 1933.

that I last saw him alive on March 2, 1933

and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Spine

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Amyloid Degeneration

Liver kidneys (duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Rays

(Signed) Robert W Johnson Jr. M. D.

3-4, 1933 (Address) 4 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: 3/6 1933

20 UNDERTAKER: Hanley & Mears

ADDRESS: 805 N. Calvert

M. D. B. 1268-9

Rihm

E 88207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88207

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 23-ab (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Gladys Rehm

(a) Residence: No. 1433 E. Hanover St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Rihm

6. DATE OF BIRTH (month, day, year): Jan. 20. 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

FATHER

13. NAME: Walter Walker

14. BIRTHPLACE (city or town) (State or country): Howard Co., Md.

MOTHER

15. MAIDEN NAME: Eunice Brown

16. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

17. INFORMANT: John H. Rihm

(Address) 1433 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cem. Date: March 7 1933

19. UNDERTAKER: Margaret J. Flynn

(Address) 1422 Light St.

20. FILED Mar 7 1933 [illegible] Registrar.

MAR 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to March 4, 1933

I last saw h[illegible] alive on March 4, 1933. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Lobar pneumonia	2-20-33

Other contributory causes of importance:

Hypertension	?

Name of operation: — Date of: —

What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) [illegible] Moore M. D.

(Address) University Hosp.

M. D. B. 12 E 88208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88208

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Luzerne Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fleetwood E Koutz

(a) Residence: No. 509 N Luzerne Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annie H Koutz

6. DATE OF BIRTH (month, day, year) Oct 2 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	7 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Balto PO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year) 8 Yrs 11. Total time (years) spent in this occupation 37 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Koutz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha Wellstaedt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edw C Koutz

(Address) 509 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 6 1933

19. UNDERTAKER John Ulrich

(Address) 1600 Eutaw Place

20. FILED Mar 6 1933 Registrar

MAR 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Mar 1 1933

I last saw h[illegible] alive on Mar 1 Death is said to have occurred on the date stated above, at 7 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Feb 15 1933

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Franklin Eaglehurst M. D.

(Address) 2411 E Monument St

1-30—M. & T.—100 B—50L

E 88209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88209

93-004

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 E 20 th St ST. 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert N C Mc Gregor

(a) RESIDENCE NO 1114 E 20 th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Rodkey Mc Gregor

6 DATE OF BIRTH (month, day, and year) Sept 29 th 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Traveling salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Mcgregor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Carrie H Shriver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Jos Mc Gregor

(Address) 1114 E 20 th St

15 Filed MAR 5 - 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

11.05P.M.

16 DATE OF DEATH (month, day, and year) Mar 2/33 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Myocardial Insufficieney

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History given.

(Signed) John N Fallon, M. D. Coroner

3/4/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL March 6 1933

20 UNDERTAKER John Ulrich

ADDRESS 2008 Eutaw

M. D. B. 1268-9

88210 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88210

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. Eager St St. 10-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza H. Hawkins

(a) Residence: No. 715 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hawkins

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
98 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James F. Henry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. MacGinn (Informant)
(Address) 715 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar 6, 1933

19. UNDERTAKER Elmer W. Conklin
(Address) 724 E. Eager St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1933 to March 4, 1933

I last saw her alive on Mar. 4, 1933 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	10 yrs.
Other contributory causes of importance: Myocardial Failure	3 days

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Jno. B. Egbert M. D.

(Address) 2802 Harford Ave

M. D. B. 1268-9

E 88211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 131 E 88211

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 172 N Broadway St. E-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie M Graf

(a) Residence: No. 1721 N Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles L Graf

6. DATE OF BIRTH (month, day, year) Sept 18th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alsace France

MOTHER FATHER

13. NAME John Schaffa

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Tarucker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband Chas L Graf

(Address) 1721 N Broadway

18. BURIAL, CREMATION AND REMOVAL

Place Loudon Park Cem Date Mar 6 1933

19. UNDERTAKER George Schilling & Son

(Address) Monument Place

FILED MAR 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1933 to Mar. 2 1933

I last saw h.. alive on Mar 2 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Myocarditis Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H H Young M. D.

(Address) 1517 N. Broadway

M. D. B. 1268-9

E 88212

E 88212 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Belair Road St., 8-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Amelia Mallon

(a) Residence: No. 1908 Belair St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or divorced HUSBAND of (or) WIFE of the late August Mallon

6. DATE OF BIRTH (month, day, year) Dec 12th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	78	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Dore

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Son Chas F. Mallon

(Address) 1350 Pearlman Place

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Baltimore Date March 7th 1933

19. UNDERTAKER George Schilling & Sons

(Address) Piccadilly & Hanover Sts

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to March 4 1933

I last saw her alive on March 1st 1933. Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	3/1/31
Coronic Insufficiency	3/1/31
Arterial Hypertension	3/1/31

Other contributory causes of importance: Cardiac Dilatation, Pulmonary edema — 1 day

Name of operation — Date of —

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Eisenberg M. D.

(Address) 2025 E Monument Ave

M. D. B. 1268-9

E 88213 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88213

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 14-21 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Wilson

(a) Residence: No. 2720 Brunt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) 1895.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER'S FATHER'S

13. NAME Mc Reed

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mc Reed

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Christabel Wilson

(Address) 1559 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lottsburg Va Date Mar 5 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Pennsylvania St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-22-33 1933 to 3-3 1933

I last saw him alive on 3-3 1933 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Carcinoma of the Liver	
Other contributory causes of importance: Bronchio-Pneumonia	3-1-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hospital

M. D. R. 1268-9

88214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88214

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Daniels

(a) Residence: No. 1523 Shields Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C & Col	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Daniels

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

MOTHER

13. NAME Daniel Turner

FATHER

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Viola Dorsey (Cousin)
(Address) 1717 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel, Balto Md Date Mar 5 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

FILED Mar 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1933 to 3/3 1933

I last saw h. alive on 3/2 1933 Death is said to have occurred on the date stated above, at 12¹⁰ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvulitis	Unk
Myocarditis	2/10/33
Nephritis	2/24/33
Uremia	
Other contributory causes of importance:	
Hypertension	3 Mos

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

M. D. B. 1268-9

E 88215 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88215

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 50

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Hopkins

(a) Residence: No. 530 Roberts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jones Hopkins

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 67 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 041

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Lynchburg, Va.

FATHER

13. NAME: Clayton Hale

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Toney

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Mar 6, 1933

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED 1933 Hunting Town Millwood N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1931 to March 3, 1933

I last saw h[illegible] alive on March 2, 1933 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease
Carcinoma breast (left) with regional metastasis	2 years

Other contributory causes of importance:

Broncho-pneumonia (Terminal)	3/1/33
Arterio-sclerotic	?
Exhaustion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Perry Lehman M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

88216

HEALTH DEPARTMENT—CITY OF BALTIMORE 88216

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3415 Falls Road St., 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward F. Blessing

(a) Residence: No. 3415 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 02

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank F. Blessing

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Minnie B. Markwart

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank F. Blessing
(Address) 3413 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 7, 1933

19. UNDERTAKER Henry Hoods Sons Inc
(Address) 1301 E. Eager St.

20. FILED MAR 5 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) [signature] M. D.
Coroner

(Address) 3614 Roland Ave

M. D. B. 1268-0

E 88217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88217

CERTIFICATE OF DEATH

59

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Mc Elderry St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Lotz

(a) Residence: No. 2311 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lotz

6. DATE OF BIRTH (month, day, year) Aug 28-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) 0 spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Lotz (Address) 2311 Mc Elderry

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar 5th 19

19. UNDERTAKER Wm C. Miller & Son (Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 22 to 3-3 19 23

I last saw h[illegible] alive on 3-2 19 23. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Acidosis Coma	4 day
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Rauch M. D.

(Address) 1300 Hollins St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88218

E 88218

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 N. Fulton Ave ST.) (15-01 WARD)

2-FULL NAME George Lamil Thornton

(a) RESIDENCE NO. 1623 N. Fulton Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett L. Thornton

6 DATE OF BIRTH (month, day, and year) Feb 13-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	—	20 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015 (For Entries)

(b) General nature of Industry, business, or establishment in which employed (or employer) Balto & Ohio

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) King Williams Co Virginia

PARENTS

10 NAME OF FATHER Sterling S Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Harriett L. Thornton (Address) 1623 N. Fulton Ave.

15 Filed 1933 Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1932, to Mch 3rd, 1933, that I last saw him alive on March 3rd, 1933, and that death occurred, on the date stated above, at 10-15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

C

(duration) 2 yrs. 6 mos — da.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 14 da.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Cummings, M. D.

3/3 1933 (Address) 1706 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauderdale Lot 6 Block 12

DATE OF BURIAL 1933

20 UNDERTAKER Lyser Bros

ADDRESS 1500 W North Ave

M. D. B. 1268-9

88219

HEALTH DEPARTMENT—CITY OF BALTIMORE 88219

CERTIFICATE OF DEATH

11-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 36-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr James J. Moore

(a) Residence: No. 4229 Belmar Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathleen (Gardner)

6. DATE OF BIRTH (month, day, year) April 28, 1882

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51 years	10	6	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Paper Co. 86

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Daniel Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Lacey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Kathleen Moore

(Address) 4229 Belmar

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 3/7/33 19

19. UNDERTAKER Geo. J. Kelly & Son

(Address) 1725 Pleasant St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to March 4, 1933.

I last saw h[illegible] alive on Mar 4, 1933. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Hypostatic	
Myocarditis	

Other contributory causes of importance:

Influenza	
Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Kipp M. D.

(Address) 21 W. Lexington St.

A&Co. 5-31 250M

Terry

E 88220 HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 88220

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins memorial Hospt. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 27 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mary Jane Terry

(a) Residence: No. 5-9 10 York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/11/1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
71 yr	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME John Terry

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McGrath

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/6/33

19. UNDERTAKER Geary & Ruth Doe
(Address) 1735 Hollins Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2nd. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 31st 1933, to March 2nd, 1933
I last saw h[illegible] alive on March 1st, 1933 death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Squamous cell carcinoma Vulva with metastasis	
2. Terminal Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Biopsy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Alfred Von Dorn, M. D.

(Address) 18 Eager Blvd

M. D. B. 1268-9

88221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88221

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Braddish Ave St. 16-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Moylan

(a) Residence: No. 1612 Braddish Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Johanna O'Keefe

6. DATE OF BIRTH (month, day, year) Jan. 10 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Dennis Moylan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. Moylan

(Address) 1612 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 6, 1933

19. UNDERTAKER Marlin Bakey & Sons

(Address) 1527 W. North Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932 to March 3, 1933

I last saw him alive on March 3, 1933 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3/3/32
" "	3/27/32
" "	3/2/33

Other contributory causes of importance:

Arteriosclerosis	3

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. K. O'Malley M. D.

(Address) 2737 W. North Ave

3/4/33

M. D. R. 1208-9

E 88222 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 88222

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 570 Jayne Ave St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Fitzgerald

(a) Residence: No. 570 Jayne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas Fitzgerald

6. DATE OF BIRTH (month, day, year): January 1869

7. AGE — Years: 64 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Leonard

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Johanna Hyland

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Johanna Fitzgerald
(Address) 570 Jayne ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: Mar 6, 1933

19. UNDERTAKER: Chas. F. Waughton
(Address) 1130 Edmondson Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 1930 to March 4, 1933

I last saw her alive on March 3, 1933 Death is said to have occurred on the date stated above, at 2:20 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	about
Cardiac Renal Disease	1930
Other contributory causes of importance: Bronchopneumonia	Feb 22
	1933

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot W. Johnson M. D.

(Address) 3437 Fredrick Ave

M. D. B. 1268-9

8223

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 88223

× 211

CERTIFICATE OF DEATH

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Inda Durna Hubbard

(a) Residence: No. Greensborough, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 11, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tunnel Substation

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PERSONAL AND FAMILY HISTORY

12. BIRTHPLACE (city or town) (State or country) Greensborough, Md

13. NAME Andrew Jackson Hubbard

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Anna Porter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Hubbard

(Address) Greensborough, Md

18. BURIAL, CREMATION, OR REMOVAL Greensboro Md. Date Mar 8, 1933

Place

19. UNDERTAKER Wm. J. Tuckey

(Address) Main St Preston, Md

20. FILED 3-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from inguny, 19.. to ....., 19.....

I last saw h.. alive on inguny, 19.. Death is said to have occurred on the date stated above, at 10 50 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Motorcycle Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3-4-1933

Where did injury occur? Washington Blvd near Sand (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury sit an obstacle in road

Nature of injury with motorcycle & fell on 3-4-33

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2300 E Monument St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 88224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88224

CERTIFICATE OF DEATH.

V 93-003

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5006 Ivanhoe Ave (St.) 27-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katherine Miller

(a) Residence No. 5006 Ivanhoe Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced (HUSBAND of (or) WIFE of): Laurence H Miller

6-DATE OF BIRTH (month, day and year): Feb 23-1865

7-AGE: 68 yrs. 0 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Nicholas J. Winster

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant): Katherine E Miller

(Address) 5006 Ivanhoe Ave

15-

Filed: 1933 By: Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 5-1933

17-I HEREBY CERTIFY, That I attended deceased from Mar 29, 1933 to March 5, 1933

that I last saw h[illegible] alive on March 4, 1933

and that death occurred, on the date stated above, at 6-0 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Hypertension

(Duration) 4 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of:

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Hanner, M. D.

(Address) 4702 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: Mar 8 1933

20-UNDERTAKER: William Cook

ADDRESS: 1217 St Paul St

M. D. B. 1268-9

3225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88225

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4018 Roland ave St. 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Cecelia Tyler

(a) Residence: No. 4018 Roland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Tyler

6. DATE OF BIRTH (month, day, year) April 21-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Daniel Dolan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mollie Dewalt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John L. Tyler

(Address) 4018 Roland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 8th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar

ARC - 1933 ... Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chr Nephritis

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 3612 Roland ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88226 88226

CERTIFICATE OF DEATH

1 31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Duncan St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Pfister

(a) Residence: No. 1737 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Katie Pfister

6. DATE OF BIRTH (month, day, year) June 27th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katie Pfister
(Address) 1737 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 6th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 8 - 1933 Huntington Hillis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Feb 8 1933 to March 3 1933
I last saw h alive on ~~Feb~~ March 2 1933 Death is said to have occurred on the date stated above, at 11:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/8/33

Other contributory causes of importance:

Cardio Vas Renal Disease	?

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Joseph Pokorny M. D.

(Address) 2924 E. Monument

M. D. B. 1268-9

E 88227

E 88227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 9[illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Beyson

(a) Residence: No. 400 Cowden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William H. Benson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Crawford

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date March 7th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

MO - 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1932 to March 4 1933.
I last saw him alive on March 4 1933. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General	?
Other contributory causes of importance:	
Bronchopneumonia	3/1/33

Name of operation Amputation Left Leg Date of 3/21/32

What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Steere M. D.

(Address) Baltimore City Hosp.

M. D. R. 1936-9

88228 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88228

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 Greenhill Ave. 76-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Crooks

(a) Residence: No. 5207 Greenhill Ave. Ward. Hamilton
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of ~~(or WIFE of)~~ Hanna Mary Crooks

6. DATE OF BIRTH (month, day, year) Sept 20 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0-73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carroll Co (State or country) Md

FATHER

13. NAME Nelson Crook

14. BIRTHPLACE (city or town) Carroll Co Md (State or country)

MOTHER

15. MAIDEN NAME Susanna Williams

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs Frank Smith
(Address) 5207 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chapel Balto Co Md Date Mar 8 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1933 ..... 19 ..... Registrar.

RO-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1933 to Mar 6 1933
I last saw him alive on Mar 5 1933 Death is said to have occurred on the date stated above, at 0304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestine	1932

Other contributory causes of importance:

Carcinomata

Name of operation None Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dwight E. Ives M. D.

(Address) 5304 Huntsman

M. D. B. 1268-D

88229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88229

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 93-003 Registered No.

CITY OF BALTIMORE: (No. Balto Md St. 22-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Sampson

(a) Residence: No. 135 Burgundy Alley St., Ward.
(Usual place of abode) 45 B
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bankkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Balto City Hospls.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 6. 1933

19. UNDERTAKER Virginia A. Brooks
(Address) 1463 N. Carey St

20. FILED MAR 8 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11- . 1929 to 3/31 . 1933

I last saw her alive on 3/31 . 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2
Generalized Arteriosclerosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Address) Balto City Hospitals

M. D. B. 1265-9

E 88230

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88230

CERTIFICATE OF DEATH

V 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Carter

(a) Residence: No. 231 W Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Carter

6. DATE OF BIRTH (month, day, year) Sept. 15, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	16 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer + with family relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): Until last 12 days

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Harford Co Md.

FATHER

13. NAME: James Carter

14. BIRTHPLACE (city or town) (State or country): Western Shore Md.

MOTHER

15. MAIDEN NAME: Matilda Parr.

16. BIRTHPLACE (city or town) (State or country): Western Shore Md.

17. INFORMANT: Wife.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date 3-6-, 33

19. UNDERTAKER: Ernest Carter
(Address) 216 Pa Ave

20. FILED 6-1933 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1933 to March 3, 1933

I last saw him alive on March 3, 1933 Death is said to have occurred on the date stated above, at 7.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2/15/33
Arteriosclerosis	?
Chronic arteriolosclerotic nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1268-0

E 88231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88231

186-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret D Blackiston

(a) Residence: No. 22 N Calvaton Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J Blackiston

6. DATE OF BIRTH (month, day, year) Feb 14 1857

7. AGE	Years	Months	Days 21	If LESS than 1 day ... hrs. or ... min.
	76	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Ernest Lange

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Schatta

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John T Blackiston

(Address) 22 N. Calvaton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 7 1933

19. UNDERTAKER Mr. Mrs. J. W. Tenfel & Son

(Address) 801 & 803 Fayette St.

Thomas J. Pullen Registrar.

20. FILED Mar 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Cerebral Hemorrhage	
(Other contributory causes of importance: Accidental fall down steps at home)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Mar 5 1933

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down steps

Nature of injury Bruises & Contusions

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. P. Bergman M. D.

Coroner P.K.

(Address) 805 N Patterson

Spec.—8-16-29—L. F. S.—100 Bks.

E 88232 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88232

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 3318 Ellerslie Ave ST., 9-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah E. Brickhead

(a) RESIDENCE NO. 3318 Ellerslie Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virgil Jerome Brickhead

7 DATE OF BIRTH (month, day, and year): Aug 14/1864

8 AGE: Years 68; Months 5 6; Days 21 20; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Daniel W. Howes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Willie Ann Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mrs Thomas H. Ford

(Address): 3318 Ellerslie Ave

Filed: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-4-1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Mar 5, 1933, that I last saw h[illegible] alive on March 4, 1933 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(duration) X yrs. 4 mos. X ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? Yes Date of May 1931

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) R. Dan Williams, M. D.

, 19 (Address) 3200 Sequoia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship A.A.Co. Md — DATE OF BURIAL: Mch 7 1933

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison ave.

M. D. B. 1268-9

88233 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88233

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 1-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. .... mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME W. Francis Porter

(a) Residence: No. Chase, Md. St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence C. Porter

6. DATE OF BIRTH (month, day, year) June 30, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

13. NAME Clinton A. Porter

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Mary L. Milburn

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Florence L. Milburn

(Address) Chase, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Owens M.E.Cem. Date Mar. 6, 19

19. UNDERTAKER Frederick Lansdowne & Son

(Address) 7400 Pulaski Hgwy. Huntingtown Terminal, Md.

20. FILED Mar 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-hemorrhage due to shot gun wound of chest.	Mch 2/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Mch 2/33

Where did injury occur? near Chase, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place While ducking a night gun exp.

Manner of injury exploded in hands of companion.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Gittings M. D.

Coroner

(Address) 508 E. Monument

M. D. B. 1268-9

88234 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88234

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Longwood St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Wallace Harber

(a) Residence: No. 1911 Longwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Robert W. Harber

14. BIRTHPLACE (city or town) (State or country) Crapo Md.

15. MAIDEN NAME May Turner Edenton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert W Harber

(Address) 1911 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 4 1933

19. UNDERTAKER Bertram K Rose

(Address) 2224 N Charles St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1933 to March 4 1933

I last saw h alive on March 4 1933 Death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	
acute rheumatism	4/10/32

Other **contributory causes** of importance:

Cerebro Embolism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Benj O McCreary M. D.

(Address) 4600 N Paysons

Spec.—12-9-25—A t'o.—200 Blks.

88235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88235

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Roberts

(a) RESIDENCE NO. 1200 - Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Larina Eudy

6 DATE OF BIRTH (month, day, and year): 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock broker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Charles Roberts

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Todenscek

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant Sister Stanislas - Sup.

(Address) The Sisters of the Poor 1200 Valley St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1933

17 I HEREBY CERTIFY, That I attended deceased from ~~March~~ 14 1933 to March 2 1933

that I last saw h.. alive on March 2 1933

and that death occurred, on the date stated above, at 8:05 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY Chronic Endocarditis

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

Date of Burial: Mar 6 1933

20 UNDERTAKER: Rita Wiedefeld

ADDRESS 914 Greenmount

Spec.—9-30—A. & Co.—200 Blks.

Caster

E 88236 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88236

CERTIFICATE OF DEATH. V 93-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Stockton St. 16-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Caster

(a) RESIDENCE (Usual place of abode) No. 1131 Stockton ST., ... WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Caster

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Kiah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ida Caster
(Address) 1131 N. Stockton St

15 Filed MAR 6 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3. 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to March 3 1933

that I last saw h[illegible] alive on March 2, 1933

and that death occurred, on the date stated above, at 7 05 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Hypertension

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) .....

(duration) ✓ yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) P. N. Hatcher M. D.

3/4 1933 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Mar 6 1933

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

Spec.—8-16-29—L. F. S.—100 Bks.

88237

E 88237

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Wilmer Ct. ST., 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Taylor

(a) RESIDENCE NO. 1134 Wilmer Ct. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: 95 Years (unknown) | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

Informant: Robt Mitchell

(Address) 1134 Wilmer Ct.

Filed — 1933 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1933

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 4, 1933, that I last saw h alive on March 1, 1933 and that death occurred, on the date stated above, at 8:05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. McCard M. D.

3/4, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3/7 1933

20 UNDERTAKER: Samuel T Hemsley

ADDRESS 578 N Biddle St.

E 88238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

270007 Md

V. 34

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Allen

(a) Residence: No. 2024 E Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Nathaniel Harris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Family

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/6, 1933

19. UNDERTAKER Samuel F Hemsley

(Address) 578 N Bradford St

FILED MAR 8 1933 Huntington Tillotson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1933 to 2-3-1933

I last saw her alive on 2-2-1933 Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Acute Hemorrhage	
Pulmonal Tuberculosis	
Hemoptysis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Bordley M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

88239 HEALTH DEPARTMENT—CITY OF BALTIMORE 88239

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen Hospital 23 Registered No.

CITY OF BALTIMORE: (No. St., 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Bankhead

(a) Residence: No. 579 Oxford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C. A.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Nolany (Address) 579 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 3/6 1933

19. UNDERTAKER Samuel T. Hemsley (Address) 575 W. Biddle St.

20. FILED 12 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1933 to 3/4 1933

I last saw h. alive on 3/3 1933 Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	1/2/33
Pulmonary T. B.	1/2/33

Other contributory causes of importance:

Secondary Anemia	0

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

M. D. B. 1268-9

E 88240

E 88240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Trudgeon

(a) Residence: No. 1715 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Marietta Jones

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 6, 1933

19. UNDERTAKER Mrs. R. T. Elliott

(Address) 1129 W. Lafayette St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933 to Mar 3, 1933

I last saw him alive on Mar 3, 1933 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Whooping Cough	3 weeks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Allen Ross M. D.

(Address) J. H. H.

M. D. B. 1268-J

88241

2340 Eastern Ave

E 88241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 N. Gamon 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... ds.

2. FULL NAME Levi Fineman

(a) Residence: No. 3732 N. Gamon ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Fineman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dorothy

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Fineman Son
(Address) 3732 N. Gamon ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Sinai Cemetery Date 3-6-33 19....

19. UNDERTAKER Louis Levin Son
(Address) 1437 E. Baltimore St.

20. FILED ..... 19.... [illegible]

3-6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 19.... to Mar. 5 1933

I last saw him alive on Mar. 5, 1933 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	1½ yrs
Other contributory causes of importance:	
Acute Coronary Thrombosis	3 hours

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Surgeman, M. D.

(Address) 2340 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Pads.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88242

E 88242

CERTIFICATE OF DEATH.

REGISTERED NO. C 89,002

1-PLACE OF DEATH Presbyterian Eye Ear & Throat Hospital

CITY OF BALTIMORE: (No. 1014 E Baltimore St.; or) 23-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones

(Residence in Baltimore: No. 1021 Sharp Street St.; 12 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH. Sept. 4 (Month) (Day), 1866 (Year)

7-AGE. 46 yrs. 5 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer (b) General nature of industry, business, or establishment in which employed (or employer): G.P.

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Miller

(Address) 45 W. West St

Filed MAR 6 - 1933, 191... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1933. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1933, to Feb 28 1933, that I saw him alive on Feb 28 1933, and that death occurred, on the date stated above, at 11-p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (pneumococcus)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Mastiditis

(Duration) yrs. 4 mos. ds.

(Signed) Geo. A. Andrews M. D.

Feb. 28, 1933 (Address) Presbyterian Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Old Point Va | DATE OF BURIAL, 3/7/33 191...

20-UNDERTAKER Isaac L Brown | ADDRESS 109 N Monroe

THE MONOGRAM

Spec.—8-16-29—L. F. S.—100 Bks.

E 88243

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-002

E 88243

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 947 N Carey ST. 16-01 WARD)

2—FULL NAME Mrs Julia Hudson Gale

(a) RESIDENCE NO. 947 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jno. Alfred Gale

6 DATE OF BIRTH (month, day, and year) June 1st 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	8	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

BIRTHPLACE (city or town) Dorchester Co
(State or country) Md.

10 NAME OF FATHER Embry Hudson

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Hudson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Dorchester Co Md

Informant Jessie A. Gale

(Address) 947 N. Carey St

FEB 16 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3/33

17 I HEREBY CERTIFY, That I attended deceased from Feby. 25th, 1933, to March 3, 1933, that I last saw h[illegible] alive on March 3rd, 1933 and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach

..... (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. [illegible] Smith, M. D.

3/3, 1933 (Address) 1605 N. Rock Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 16 1933

20 UNDERTAKER John O. Mitchell Sons & Bro Entered Place

ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88244

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Witherspoon Road St. 27-01 Ward)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Reuter Oehm

(a) Residence: No. 103 Witherspoon Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	wifow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles W. Oehm

6. DATE OF BIRTH (month, day, year) Jany 19. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Charles Reuter

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Reuter

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Mrs. John W. Hawkins
(Address) 103 Witherspoon Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mch 7. 33

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 4. 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1933 to March 4 1933

I last saw her alive on March 4 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset Month & Yr
Coronary Thrombosis and Senility	

Other contributory causes of importance:

C. Emphysema	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Geo A Stewart M. D.

(Address) 5300 Baltimore Ave

M. D. B. 1268-9

F 8245

HEALTH DEPARTMENT—CITY OF BALTIMORE

8245

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-21 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Harper Smith M.D.

(a) Residence: No. Cambridge arms apartments St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Alice Smith

6. DATE OF BIRTH (month, day, year) July 9, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	7	16	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Medicine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Practice of

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alberta Harper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Alberta Harper Smith

(Address) 3426 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 7, 1933

19. UNDERTAKER Phil D. Mitchell & Sons

(Address) 1919 Eutaw Place

20. FILED March 7 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2nd, 1933 to March 5th, 1933

I last saw h.m. alive on March 5, 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, right	Feb. 26th
Pneumonia, Lobar, left	March 1 1933

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Feeney Jr. M. D.

(Address) Union Memorial Hospital

1-30—M. & T.—100 B—50L

88246

E 88246

93-03

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 E. Churchill St. ST., 22-01 WARD)

2. FULL NAME Joseph E. Rathell.

(a) RESIDENCE NO 222 E. Churchill St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced: HUSBAND of (or WIFE of) Margaret Rathell.

6 DATE OF BIRTH (month, day, and year) February 6, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	27 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Caulker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Rathell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary E. Hodges.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Clarence O. Rathell. (brother)

(Address) 209 E. Hanburg St.

15 Filed 6-1933 16 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Acute dilatation of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

8/4/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Mar 7 19-33

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

M. D. 88247.

HEALTH DEPARTMENT—CITY OF BALTIMORE 88247

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 131

CITY OF BALTIMORE: (No. Balto. md St. 11-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George D. Knox

(a) Residence: No. 1130 Mc. Kulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mattie Knox

6. DATE OF BIRTH (month, day, year) 8-10-90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore ok

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Orangeburg Va.

FATHER

13. NAME John Knox

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 6, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

20. FILED 1933 Hunting for Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-33

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1933, to 3-3, 1933

I last saw h alive on 3-3, 1933 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2
Cardiovascular renal disease	1
	—

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

3-6-33 (Signed) Clive A. Jones Ves M.D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

88248

HEALTH DEPARTMENT—CITY OF BALTIMORE 88248

CERTIFICATE OF DEATH

Registered No. 122-001

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 122-001 St. Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tassie B. Worrell

(a) Residence: No. Rollins Fork, Va. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor H. Wosrell

6. DATE OF BIRTH (month, day, year) May 26, 1889

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	43	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Bonaparte Worrell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Emma Worrell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Rollins Fork Va Date 3/6 1933

19. UNDERTAKER Virst Cook
(Address) 1217 St Paul Street

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1933

22. I HEREBY CERTIFY, That I attended deceased from January 27 1933 to March 5 1933

I last saw him alive on March 5 1933 Death is said to have occurred on the date stated above, at 5.52 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	16 da.
Other contributory causes of importance:	
Myocarditis, chronic	Unknown

Name of operation Repair of hernia Date of 2-1-33

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital

M. D. B. 1268-8

88249 ✓ E 88249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hospital St., 1300 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 42 7 18

2. FULL NAME Mrs. Etta Lillie Hopson

(a) Residence: No. 829 W. 38 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Frank Hopson

6. DATE OF BIRTH (month, day, year) July 15 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	18 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Marion Green

14. BIRTHPLACE (city or town) (State or country) Carroll Co. md.

MOTHER

15. MAIDEN NAME Clara Reese

16. BIRTHPLACE (city or town) (State or country) Carroll Co md

17. INFORMANT Mr. Frank Hopson

(Address) 829 W. 38 St Balto. md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Carrollton md Date May 8 1933

19. UNDERTAKER Leonard Morris Co

(Address) 1201 Northwest.

FILED 1933 Hunting for Williams, N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933 to Mar. 5, 1933

I last saw h.. alive on Mar. 5, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pelvic inflammatory disease	Feb. 1933
c hypertension (bilat.)	
d right tubo ovarian abscess	
Other contributory causes of importance:	
Chronic myocarditis	
e Cardiac dilatation	Feb. 1933

Name of operation Laparotomy Date of 2/22/33

What test confirmed diagnosis? Clinical Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Md Gen. Hospital M. D.

(Address) Md. Gen. Hospital

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88250

CERTIFICATE OF DEATH.

82 E 88250

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 Brune ST. 17-01 (WARD)

2-FULL NAME William Gray

(a) RESIDENCE NO. 611 Brune ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gray

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER William Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co. Md.

12 MAIDEN NAME OF MOTHER unknowned

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknowned

14 Informant Malinda Snyder (Address) 611 Brune St.

15 Filed MAR 6 Huntington Wm. Laws, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1933

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 4, 1933, that I last saw h[illegible] alive on March 4, 1933, and that death occurred, on the date stated above, at 6-a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. H. Gerlach, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cem. Montgomery Co. Md.

DATE OF BURIAL March 7 1933

20 UNDERTAKER H. M. Snyder

ADDRESS Mt. Airy

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88251

CERTIFICATE OF DEATH

E 88251

80

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Holbrook St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Harman Kahl

(a) Residence: No. 1605 Holbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eliz. Feb 2, 1865

6. DATE OF BIRTH (month, day, year): Feb 2, 1865

7. AGE: Years 68 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Gustavus Kahl

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Bertha M. Kahl

(Address) 1605 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dolfield Date 3/8 1933

19. UNDERTAKER: Wm Cook

(Address) 1219 E Lanvale St

20. FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to March 4, 1933

I last saw him alive on March 4, 1933 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
Uremia	

Other contributory causes of importance:

Tabes dorsalis

Neurogenic Bladder

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. O. Smith M. D.

(Address) 214 Medical Arts Bldg

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88252 E 88252

CERTIFICATE OF DEATH.

131

4-01

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 508 W. Fayette St ST. ..... WARD)

2-FULL NAME Frances Jane Talbott (Talbott)

(a) RESIDENCE NO. 508 W. Fayette St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otis Talbott.

6 DATE OF BIRTH (Month, Day and Year) October 11th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Cove Point
(State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Joseph Coster

11 BIRTHPLACE OF FATHER (city or town) +
(State or country) Calvert Co

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Otis Talbott
(Address) 508 W. Fayette St

15 Filed 6 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, Day and Year) March 5th 1933

17

I HEREBY CERTIFY, That I attended deceased from July 27th, 1931, to March 5th, 1933

that I last saw her alive on March 4th, 1933

and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Exam.

(Signed) [illegible] M. D.

3/5/1933 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 3/7 1933

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St

M. D. B. 1268-0

E 88253 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88253

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Garrison Blvd St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Schisler

(a) Residence: No. 2304 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 15-1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME George Schisler

14. BIRTHPLACE (city or town)
(State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Emerick

16. BIRTHPLACE (city or town)
(State or country) Germany.

17. INFORMANT Elizabeth Erdman
(Address) 2304 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/7/33

19. UNDERTAKER Robert S. Tittle
(Address) 3700 Edmondson Ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5- , 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2- , 1933 to March 5- , 1933

I last saw h- alive on March 4- , 1933 Death is said to have occurred on the date stated above, at 3.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	32-33
Other contributory causes of importance: none.	

Name of operation — Date of —

What test confirmed diagnosis? P. S. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

Spec.—1-12-23—M&T—500 Bks.

E 88254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 75 E 88254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5229 Reisterstown Rd ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H. Hatem

(a) RESIDENCE NO. 5229 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred since birth ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 4 - 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
61		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer 1st National Bank

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James E. Hatem

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Hammondtree

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Lula J. Hatem (Address) 5229 Res'

15 1933 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/ 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan , 1930 , to 3/5/33 ,

that I last saw him alive on March 5 , 1933 ,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Kidney and intestines

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. J. Love, M. D.

, 19 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Mar. 8 1933

20 UNDERTAKER Geo. W. Little

ADDRESS 2200 Edmondson Ave

M. D. B. 1268-9

E 88255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46 E 88255

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E. North Avenue St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 Years ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Michael Livolsi

(a) Residence: No. 2201 E. North Avenue St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —————

6. DATE OF BIRTH (month, day, year) Sept 25, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
27	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Angelo Livolsi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Katherine Di Pascali

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Katherine Livolsi
(Address) 2201 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Mar. 7, 1933
Date ...19...

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ...19... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to Mar 4 33, 19...
I last saw h... alive on Mar 4, 1933 Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	about
Cancer Rectum	may/32
Other contributory causes of importance:	
Exhaustion	mar 3/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so specify .....

(Signed) [illegible] M. D.

(Address) 10[illegible]

M. D. B. 1268-0

88256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88256

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1602 E. Hoffman Street 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Baumgartner

(a) Residence: No. 1602 E. Hoffman Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John P Baumgartner

6. DATE OF BIRTH (month, day, year): Jan. 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	I	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: (Unknown) Uhle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: (Unknown)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Marie Chambers

(Address) 1602 N Hoffman Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 3/8/33, 19

19. UNDERTAKER George J. Kelly Sons

(Address) 1305 Eutaw Place

Huntington Hollow, Md.

20. FILED 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to March 5, 1933

I last saw her alive on March 4, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	

Other contributory causes of importance: Carcinomatous degeneration of papillomata of uterus

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Colony, M. D.

(Address) 2200 E. Madison St.

M. D. B. 1268-0

(Davis)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88257 E 88257

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Lewis St. 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Davis

(a) Residence: No. 419 Lewis St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Davis
14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Ethel Clarke
16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Geo Davis
(Address) 419 Lewis St

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date March 6 19 33

19. UNDERTAKER .....
(Address) .....

20. FILED 1933 Huntington Williams N.T. Registrar.

(021)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to May 5 1933

I last saw him alive on May 4 1933 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	May 4 33
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo Green M. D.
3-5-33 (Address) 850 Augusta

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88258 E 88258

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hillen Rd nr Arlington Ave Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Louisa Williams

(a) Residence: No. Hillen Rd nr Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation....

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pimlico Valley Date March 6 1933

19. UNDERTAKER Huntington Williams, Inc

(Address) 1224

20. FILED ....19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....

I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

....If so, specify

(Signed) J. L. Bates M. D.
Coroner

(Address) 3086 Fmtn

M. D. B. 1268-9

88259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88259

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 905 Pendle Ct St., 17-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Wm Wilson

(a) Residence: No. 905 Pendle Ct St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
about	62		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Evelina Hargrove

(Address) 3380 Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place ...Holmdel... Date March 6 19...

19. UNDERTAKER

(Address) Huntington Phone

19... Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Falk Coroner, M. D.

(Address)

M. D. B. 1268-9

M

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 88260 E 88260

CERTIFICATE OF DEATH

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced Dead at City Hospitals St. 6-01 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Reid

(a) Residence: No. 17 N. Caroline St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 1886

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston Jamaica

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Reid

(Address) 17 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Med College Date March 6, 1933

19. UNDERTAKER

(Address)

20. FILED 6 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19.. to ..., 19...

I last saw h alive on Injury, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2/21/33
Other contributory causes of importance:	
Automobile Accident	2/21/33

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/21, 1933

Where did injury occur? Poplar Grove nr Lanvale St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Hit by auto while pushing

Nature of injury a hand cart in street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Pheanis, M. D. Coroner

(Address) 220 E. Madison St

M. D. B. 1268-9

88261

HEALTH DEPARTMENT—CITY OF BALTIMORE

88261 E 159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Madison Ave St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Matthews

(a) Residence: No. 1816 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 4-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
				8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Horatio Matthews

14. BIRTHPLACE (city or town) Managuan
(State or country) Nic

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Horatio Matthews
(Address) 1816 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/6/33 19....

19. UNDERTAKER Mrs Geo E Holland
(Address) 1617 Druid Hill Ave

FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 . 1933 to Mar 4 . 1933

I last saw h-- alive on Mar 4 . 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7 Months uterine Gestation)	3/4/33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis Thyroid Extract Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 Wolfath Ave.

M. D. B. 1268-9

88262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88262

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Greenway 12-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Poberts

(a) Residence: No. 4000 Greenway, Guilford, Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowe

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) Sept 9-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) Centerville Md
(State or country)

13. NAME Chas E. Pilgham

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Elizabeth Myers

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Chas. Pilgham
(Address) Centerville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/9/33 19

19. UNDERTAKER Wm. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1933 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 2nd 1933 to Mar 4th 1933

I last saw her alive on Mar 4th 1933. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/2
Coronary Thrombosis	

Other contributory causes of importance:

Obesity	

Name of operation V Date of V

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, where?

(Signed) Wm. Geo. H. Holland M. D.

(Address) 1631 Druid Hill Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88263 E 88263

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2805 W Presstman St. 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. Hugh

(a) Residence: No. 2805 W Presstman Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sally Ca

7. DATE OF BIRTH (month, day, and year) May 4 1884

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME John R. Hugh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sophia Stuart

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sally Hugh
(Address) 2805 W Presstman

18. BURIAL, CREMATION, OR REMOVAL
Place Western cem. Date Mar 9 1933

19. UNDERTAKER Geo W. Little
(Address) 2300 Edmondson ave.

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pulmonary Phthisis	3 years

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Clark M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

88264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88264

93-883

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 N. Calvert St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver S. Wickham

(a) Residence: No. 2406 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Clementine Harvey

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	74	---	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

FATHER

13. NAME William Wickham

14. BIRTHPLACE (city or town) (State or country) -------- Virginia

MOTHER

15. MAIDEN NAME Mary Crook

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Mrs. Lillian M. O'Neal

(Address) 2406 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 3/8 19 33

19. UNDERTAKER Henry W. Mears and Son

(Address) 805 N. Calvert St.

20. FILED Huntington Pettigrew, Registrar.

1933 R. F. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to March 6, 1933

I last saw h[illegible] alive on March 5th, 1933. Death is said to have occurred on the date stated above, at 4-40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1927
Other contributory causes of importance:	
acute pulmonary edema	2/25/33

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88265 E 88265

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 4409 Glenmore Ave St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina A. Seitz

(a) Residence: No. 4409 Glenmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry J. Seitz

6. DATE OF BIRTH (month, day, year): Jan. 17 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	17 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Frederick Neetzke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT: Elizabeth Seitz
(Address): 4409 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Fifth Reformed Cem. Date: Mch. 7, 1933

19. UNDERTAKER: George W. Zeisler
(Address): 1737 E. Pegan Ave

20. FILED 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/1/33, 19..., to 3/4/33, 19...

I last saw her alive on 3/4/33, 19... Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1 yr.

Other contributory causes of importance:

none	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Wittmann, M. D.

(Address) 241 S. Bond St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88266 E 88266

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 N. Barclay St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Weller

(a) Residence: No. 2411 N. Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma E. Weller

6. DATE OF BIRTH (month, day, year) Aug 31st 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R'd

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma E. Weller

(Address) 2411 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 7th 1933

19. UNDERTAKER Wm Cook & Paul St

(Address) 1217 St Paul St

20. FILED Huntington Williams, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11th, 1931, to March 4th, 1933

I last saw h.. alive on Feb 17th, 1933 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Chronic Interstitial Nephritis	May 1931
Contributory Arteriosclerosis	

Other contributory causes of importance:

Name of operation Constatectomy Date of 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Edema

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank Hungerford M.D.

(Address) 401 E 25th St

M. D. B. 1268-9

E 88267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88267

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St. ..... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Conner

(a) Residence: No. 1114½ Olive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C. C.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — unk

6. DATE OF BIRTH (month, day, year) — unk

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55?	unk	unk	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carolina County (State or country) Virginia

13. NAME George Miner

14. BIRTHPLACE (city or town) unk (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Md. Med College Date March 6 1933

19. UNDERTAKER

(Address)

20. FILED ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/23 1933 to 3/4 1933

I last saw her alive on 3/4 1933 Death is said to have occurred on the date stated above, at 7 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/2/33
Hemoplegia	2/16/33
Nephritis	?
Other contributory causes of importance:	
Hypertention	?
Arteriosclerosis	?

Name of operation non Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Canon C. Johnson M. D.

(Address) 632 Baker st

M. D. B. 1268-0

88268 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88268

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Woodbine Ave St. 26-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Lund Muth

(a) Residence: No. 3704 Woodbine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert Muth

6. DATE OF BIRTH (month, day, year): Aug 1 1875

7. AGE: Years 57 | Months 7 | Days 5 6 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chicago Ill

13. NAME: John Berner

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anderson ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Arthur H Muth

(Address) 3704 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill Date Mar 10. 1933

19. UNDERTAKER: Harry Klumpe & Son

(Address) 4704 Ridgewood Ave.

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6. 1933

22. I HEREBY CERTIFY. That I attended deceased from April 32 to March 6 1933

I last saw her alive on March 6 1933 Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Cardiac Dilatation	June 1932
Other contributory causes of importance:	
(Luetic) Myocardial degeneration	

Name of operation ... Date of ...

What test confirmed diagnosis? Electrocardiograph Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. J. Polenik M. D.

(Address) 4710 Liberty Hts Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88269

CERTIFICATE OF DEATH

115 E 88269

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhaven Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kozlowski

(a) Residence No. 516 S. Dunbar St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 6-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Ignatious Kozlowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Theresa Zaverdick

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mr. Ignatius Kozlowski

(Address) 516 S Dunbar St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 7-33 19

19. UNDERTAKER F. W. Zajenski

(Address) 1930 Eastern Ave

20. FILED MAR 7 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 6 33

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933 to March 6, 1933

I last saw him alive on March 6, 1933. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore Throat	3/3/33
Exposed to Scarlet Fever	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Myron G. Zell, M. D.

(Address) Lyndenhaven Hosp

M. D. B. 1268-9

E 88270 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88270

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 8-01 St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wahl

(a) Residence: No. 1810 Rutland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha

6. DATE OF BIRTH (month, day, year): 10/18/73

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butter & Eggs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Poultry man's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Conrad Wahl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Stange

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: March 8, 1933

19. UNDERTAKER: Frederick Bogley Sons
(Address) 1401 Eutaw Place

FILED MAR 7 1933 Huntington Hill Registrar, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933 to March 5, 1933

I last saw him alive on March 5, 1933. Death is said to have occurred on the date stated above, at 7.00 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Acute myeloid leukemia
Chloromyelitis of the jaw

Other contributory causes of importance:
Arteriosclerosis
Hypertension
Hodgkin's anemia

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

Allie McGlocklin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88271 E 88271

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4th Ward)

Registered No. 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie McGlocklin

(a) Residence: No. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6. DATE OF BIRTH (month, day, year): Dec 22-1932

7. AGE: Years | Months: 2 | Days: 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

13. NAME OF FATHER: Mon McGlocklin

14. BIRTHPLACE (city or town) (State or country): Elow Ga

15. MAIDEN NAME OF MOTHER: Arslee Knotts

16. BIRTHPLACE (city or town) (State or country): N. Ca

17. INFORMANT: Monnie Glocklin

(Address) Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date March 7. 1933

19. UNDERTAKER: Joseph A. Lively

(Address) 409 N Mount St

FILED MAR 7 1933 Washington Wilkinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Days

Other contributory causes of importance:

Name of operation: Negative Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Rush Cornell Coroner, M. D.

(Address)

M. D. B. 1268-9

88272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121 E 88272

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 18-24 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Hong, Ng Dao Hong.

(a) Residence: No. 1008 W. Lexington St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	yellow	~~Married~~ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1865 - day & month?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Ng Yet

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Joseph Chew

(Address) 1712 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 6, 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED MAR 7 1933 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1933, to Mar. 4, 1933

I last saw h.s.m alive on Mar. 4, 1933 Death is said to have occurred on the date stated above, at 10:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis with rupture	Mar. 1
General peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy with drainage Date of Mar. 2

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Richard C. Cumming, M. D.

(Address) The Church Home and Infirmary Baltimore, Md.

M. D. B. 1268-9

Anne B. Senvier

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88273 ✓23 E 88273

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 817 N. Gilmor St. 16-01 Ward)
Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily B. Senvier

(a) Residence: No. 817 N. Gilmor St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Howard Senvier
6. DATE OF BIRTH (month, day, year): 1908
7. AGE: Years: 24; Months: ; Days: ; If LESS than 1 day, ..hrs. or ..min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year): Haven't for
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Johnstown Pa
13. NAME: Ella Green
14. BIRTHPLACE (city or town) (State or country): Pa.
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Howard Senvier
17. INFORMANT (Address): 817 N. Gilmor
18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Date Mch 8 1933
19. UNDERTAKER (Address): Jane E. H. Chase & Son 638 N. Gilmor St

FILED MAR 7 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 5 1933
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 Months

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Regulus Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public p...
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. Cook Coroner M. D.
(Address)

M. D. B. 1930-9

88274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68274

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 E Balto St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron B. Hurwitz

(a) Residence: No. 2027 E Balto St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Hurwitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Hurwitz

(Address) 2027 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Pikesville Date Mar 7 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1932 to March 5th 1933

I last saw h[illegible] alive on March 5th 1933. Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance:

Uremia Coma
Chronic Interstitial Nephritis
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Sanken M. D.

(Address) 1194 Millard Ave

M. D. B. 1268-9

8275

HEALTH DEPARTMENT—CITY OF BALTIMORE B 88275

CERTIFICATE OF DEATH

93003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2nd yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Dillert

(a) Residence: No. 102 N Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Meyer

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Caspar Paul

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Diamond

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hannah Pollack

(Address) 102 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Evansville Ind. Date March 7, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 E Balto St

Huntington W. Va.

Registrar.

MAR 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/24/33, 19..., to 3/7/33, 19...

I last saw h[illegible] alive on 3/7/33, 19... Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Interstitial Bronchopneumonia	
Arteriosclerosis	7

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury 19...

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Philip F. Lerner M. D.

(Address) W. B. G. H.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88276

E 88276

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

REGISTERED NO. 26-01

CITY OF BALTIMORE: (No. 4430 Rospe Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Rosa May Smith

(a) RESIDENCE NO. 4430 Rospe Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Elmer Smith.

DATE OF BIRTH (month, day, and year) Dec 4, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Danville Pa.

10 NAME OF FATHER Wm H. Aten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Danville Pa.

12 MAIDEN NAME OF MOTHER Emma L. Fox.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant Wm E. Smith

(Address) 4430 Rospe Ave

MAR 7 1933

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 5, 1933.

17

I HEREBY CERTIFY, That I attended deceased from , 1930, to Mar. 5, 1933;

that I last saw h alive on Mar. 5, 1933.

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis followed by Acute dilatation.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Uremia.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms.

(Signed) C W Spencer M. D., M. D.

, 19 (Address) 3300 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 9th 1933
20 UNDERTAKER	ADDRESS
Huntington Undertaking Co	1610 Mc Culloh St

1-30—M. & T.—100 B—50L

E 88277.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88277.

CERTIFICATE OF DEATH

173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., 10-01 WARD)

2-FULL NAME Roy Smith.

(a) RESIDENCE NO 931 E. Fager St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Mary E. Smith.

6 DATE OF BIRTH (month, day, and year) November 7, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	3	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary E. Smith. (wife)
(Address) 931 E. Fager St.

15 Filed ..... 193 Huntington, West Virginia, ... Registrar

7 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Hemorrhage due to pistol shot wound of chest involving right lung. Shot by policeman who was discharging his duty. Justifiable Homicide.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Neckermer St. March 2, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) [signature] X, M. D. Coroner

2/7/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 3/7/33

20 UNDERTAKER [signature illegible] Co.

ADDRESS 1211 W. Paul

Spec.—9-30—A. & Co.—250 Blks.

88278

HEALTH DEPARTMENT—CITY OF BALTIMORE

88278

CERTIFICATE OF DEATH.

46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1415 Linden Ave ward 14-C)

2-FULL NAME Eulah Yarbough

(a) RESIDENCE NO. 1415 Linden Ave ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Yarbough

6 DATE OF BIRTH (month, day, and year) Oct 22-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	-	4	11 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Raleigh
(State or country) N. C

PARENTS

10 NAME OF FATHER George Hammond

11 BIRTHPLACE OF FATHER (city or town) N. C
(State or country)

12 MAIDEN NAME OF MOTHER Annie Montague

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Eulah Montague
(Address) 1415 Linden Ave

15 Filed 3/7 1933 at Huntington Residence N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/33

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to Mar 6, 1933 that I last saw h[illegible] alive on Mar 6, 1933 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. 1 mos. 24 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Hatcher M. D.
3/7 1933 (Address) 1725 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL March 9 1933

20 UNDERTAKER Jame[illegible] H. Chase & Son — ADDRESS 638 N Gilmor

M. D. B. 1268-9

E 88279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88279

Ped

153

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ophelia Mayor

(a) Residence: No. 611 E. 33rd St., Sparrows Point Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): March 30 1933

7. AGE: Years 1 | Months 11 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Solomon Mayor

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Florence Faulkner

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: Mch 8 1933

19. UNDERTAKER: M. Lane & N. Chase & Son
(Address): 638 N. Gilmor

20. FILED ..... 19 .....
Registrar.

F 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3. 1933 to Mar. 6 1933

I last saw h[illegible] alive on Mar. 5 1933 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exfoliative Dermatitis	3-4-33
Erythema Multiforme (Iris)	3-1-33

Other contributory causes of importance:

Rhinophyma	2-28-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward F. Milan, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 88280 E 88280 E 88328

E 88280 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 82-001

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee McKendrick

(a) Residence: No. 311 N. Gilmore St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John —

6. DATE OF BIRTH (month, day, year) 8-2-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	7 -	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry 64

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Louisa Co. Va

FATHER

13. NAME Isaac Washington

14. BIRTHPLACE (city or town) (State or country) Louisa Co. Va

MOTHER

15. MAIDEN NAME Sarah Fountain

16. BIRTHPLACE (city or town) (State or country) Louisa Co. Va

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date March 8, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Johnson St.

20. FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1933 to 3-5 1933

I last saw him alive on 3-5 1933 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-22-33
arteriosclerosis	
Other contributory causes of importance: arteriosclerosis	?

Name of operation Lumbar Puncture Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

3-6-33 (Signed) Chas. H. Iglehart M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-B

88281

HEALTH DEPARTMENT—CITY OF BALTIMORE 88281

CERTIFICATE OF DEATH

✓159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 W. Fairmont St. 19-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Butler

(a) Residence: No. 1530 W. Fairmont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nathaniel Faulstem

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Verona Butler

16. BIRTHPLACE (city or town) (State or country) Camilla, Ga.

17. INFORMANT Verona Butler

(Address) 1530 W. Fairmont ave.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 7 19 33

19. UNDERTAKER [redacted] City

(Address)

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5- , 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5 , 1933 to March 5- , 1933

I last saw h~~im~~ alive on March 5 , 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
34 weeks	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [redacted] M. D.

(Address) [redacted]

88282 —100 B—50L

E 88282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

REGISTERED NO. 18-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 W. Saratoga St. ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Charles Cooper.(C)

(a) RESIDENCE NO 1044 W. Saratoga St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mamie Carrie Bell Jones.(C)
(Address) 1044 W. Saratoga St.

15 Filed FEB 27 1933 Huntington Wilson Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.
Acute dilatation of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

2/7/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Mar 7 1933

20 UNDERTAKER Elroy A. Wilson

ADDRESS 1000 Brantley Ave

M. D. B. 1268-9

88283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88283

CERTIFICATE OF DEATH

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. Provident Hosp. (St., 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Quille

(a) Residence: No. 1425 Edmondson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 24 1894

7. AGE: Years 38 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Wm Quille

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME: Alice Brown

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Jessie Quille

(Address): 1425 Edmondson

18. BURIAL, CREMATION, OR REMOVAL: National

Date: Mar 9 1933

19. UNDERTAKER: Deane & Dwight

(Address): 2004 Carrollton Ave

21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — 3 months — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. H. 1268-9

88284 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88284

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Milton Ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Pollheim

(a) Residence: No. 713 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Pooker Pollheim

7. DATE OF BIRTH (month, day, year) July 18/1885

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	14 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Charles Pollheim

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Susan Miller

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mary Pollheim

(Address) 713 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 3/7/33, 1933

19. UNDERTAKER John G. Connelly

(Address) Expert Funeral Director Huntington Ind.

MAR 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at about 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Kirwan Coroner, M. D.

(Address) 506 E. Monument

1-30—M. & T.—100 B—50L.

8285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 E 88285

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ostend St. & Plum Alley. ST. 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Lang.

(a) RESIDENCE No 2222 McElderry St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 22, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	13 11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman. 06
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Lang.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Gertrude Vogel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Fred Lang. (brother)
(Address) 411 N. Robinson St.

15 Filed 7 1933, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm M Steinhardt, M. D. Coroner

3/6/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL March 8 1933

20 UNDERTAKER Jos. J. Berardson

ADDRESS 1506 N. Luzerne

M. D. B. 1265-9

286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88286

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3035 Fleetwood St. 27-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward E. Smith

(a) Residence: No. 3035 Fleetwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Smith

6. DATE OF BIRTH (month, day, year) Dec 11/1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Telegraph

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Mechanicsburg, Pa)

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Lillian Beck

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Anna Smith
(Address) 3035 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Cemetery Date 3-8 1933

19. UNDERTAKER Leonard Brack
(Address) 5305 Harford Rd

20. FILED 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Failure	
Other contributory causes of importance:	
History of Angina Pectoris	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Dawson, M. D.
Coroner

(Address) 508 E North Ave

Spec.—1-12-23—M&T—500 Blks.

Haetler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88287.

88287

CERTIFICATE OF DEATH.

157-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 N Port ST. 8-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Haetler

(a) RESIDENCE NO. 1809 N Port St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6 DATE OF BIRTH (month, day, and year) Feb 25 1933 March

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Woodrow Alban

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Haetler

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Anna Haetler (Address) 1809 N Port St

15 Filed 1933, 19 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1933

17 I HEREBY CERTIFY, That I attended deceased from 2/20 1933 to 3/6 1933 that I last saw h... alive on 3/6 1933 and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) David Miller, M. D.

3/6 1933 (Address) 1500 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemetery

DATE OF BURIAL 3/7 1933

20 UNDERTAKER Frederick A Ake

ADDRESS 2310 W. Fayette St

1933

M. D. B. 1284

88288

E 88288

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto, Md St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 15 yrs. mos. ds.

2. FULL NAME Julius Radius (Redies)

(a) Residence: No. Severing House, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Chas. Radius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Patiza

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 8 1933

19. UNDERTAKER John C. Miller

(Address) 2435 E. Monument St

20. FILED MAR 7 1933 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1933

22. I HEREBY CERTIFY That I attended deceased from 11-27-1929 to 3-5-1933

I last saw him alive on 3-5-1933 Death is said to have occurred on the date stated above, at 11.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
Other contributory causes of importance: arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

3-6-33 (Signed) Chas. Richberger M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

88289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88289

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Smith.

(a) Residence: No. 751 W. Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): July 22 1910

7. AGE: Years: 22 | Months: 7 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salisbury Md.

13. NAME: James.

14. BIRTHPLACE (city or town) (State or country): Phila. Pa

15. MAIDEN NAME: Sylvia Franklin

16. BIRTHPLACE (city or town) (State or country): Jersey City N.J.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. College Date March 7, 1933

19. UNDERTAKER

(Address)

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1933 to March 4 1933

I last saw him alive on March 4 1933. Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Dec 15 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

88290

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 88290

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 26-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Zanowski

(a) Residence: No. None St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Kalendy Zanowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Jadokija ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date March 7, 1933

19. UNDERTAKER .....

(Address)

FILED ..... 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1932 to March 5, 1933

I last saw h in alive on March 5, 1933 Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 yrs.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

88291 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88291

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital Registered No. X 137

CITY OF BALTIMORE: (No. Lombard & Sam St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 8 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Chas. E. Griffin

(a) Residence: No. Halethorpe Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Griffin

6. DATE OF BIRTH (month, day, year) Apr. 28, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
67	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. Hollinsworth

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 030

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Charles E. Griffin

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Ogle

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Sarah E. Griffin
(Address) Linden Ave Halethorpe

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date Mch 10, 1933

19. UNDERTAKER Mrs C. Black
(Address) 727 N. Broadway

20. FILED 1933 Harrington Williams Registrar. Oct 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-27-, 1933 to 3-7, 1933

I last saw him alive on 3-7, 1933 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	1931
Acute Retention	1931
Uremia	1933
Myocardial failure	1933
Other contributory causes of importance:	
Cystitis Chronic	
Draining abdominal incision	1931

Name of operation Suprapubic Prostatectomy Date of 1931

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Ryan M. D.

(Address) University Hospital

Spec—12-23-21—E.B.R.S.—400 Bks.

E 88292 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1431 Bpltas Grove St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Managhan

(a) Residence No. 1431 Poplar Grove St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-Single, Married, Widowed or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of C A Lyons

6-DATE OF BIRTH (month, day and year) April 3 1871

7-AGE. 61 62 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Loomis

(c) Name of employer Daniel Miller

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Arthur J.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Rosette McNeal

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) C A Managhan

(Address) 1431 Poplar Grove St

15- Filed 1933 Huntington Williams, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-5-33

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1932 to March 5 1933

that I last saw h.. alive on March 5 1933

and that death occurred, on the date stated above, at 2.13 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. ? mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. R. Callum M. D

3/7/33 (Address) 2757 W. Monroe

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral DATE OF BURIAL. 3/8 1933

20-UNDERTAKER. H. Boehning Son ADDRESS 1136 Poplar Grove St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88293

E 88293

CERTIFICATE OF DEATH

164-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Orlando Ave St. 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry P. Trageser

(a) Residence: No. 3204 Orlando Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Trageser

7. DATE OF BIRTH (month, day, year) July 3, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John H. Trageser

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Johanna Seibert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Trageser

(Address) 3204 Orlando Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Park Date 3/9/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Washington Funeral Directors, N.E.

FILE 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at before 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? 3204 Orlando Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home. (Found with towel over

Manner of injury head-gas heater stop cock

Nature of injury open. Bath room.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Cairns M. D.
Coroner

(Address) 508 E Mt Royal

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88294

88294

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 15-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Effie G. Stewart

(a) Residence: No. 4004 Ayredale Sve St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Stewrat

7. DATE OF BIRTH (month, day, year) April 14/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocky Ridge, Md.

13. NAME Wm. F. Ovelman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Helen T. Six.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles W. Stewart
(Address) 4004 Ayredale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 8th 1933

19. UNDERTAKER Wm Cook
(Address) 847 St Paul St

20. FILED Huntington Hollins MD Registrar.
1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John Cullen ....., M. D.
Coroner

(Address) 500 E Monument

M. D. B. 1269-0

88295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88295

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Elsroda Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John S. Lange

(a) Residence: No. 4608 Elsroda Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Sena K Lange

6. DATE OF BIRTH (month, day, year) July 25th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk saw mill, bank, etc. House Painting 50

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Albert F. Daus

(Address) 4608 Elsroda Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/8/1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Huntington Hill [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Mar 6th, 1933

I last saw him alive on 3-6-33, 19..... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3/4/33

Other contributory causes of importance:

myocarditis senility

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Vernon G Vogt, M. D.

(Address) 5116 Harford Rd

M. D. B. 1268-9

88296

HEALTH DEPARTMENT—CITY OF BALTIMORE 88296

CERTIFICATE OF DEATH

53 E 8820[illegible]

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray E. Taylor

(a) Residence: No. 2206 Maryland ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys M.

6. DATE OF BIRTH (month, day, year): 11/9/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: George Taylor

14. BIRTHPLACE (city or town) (State or country): Ford

MOTHER

15. MAIDEN NAME: Sarah Burke

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 3/8/ 19 33

19. UNDERTAKER: Harry A. Reitzel

(Address) 4101 Edmondson Ave.

20. FILED [illegible] Huntington Williams, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 18, 1933 to March 6, 1933

I last saw him alive on March 6, 1933. Death is said to have occurred on the date stated above, at 4.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	Nov 32
metastatic carcinoma	
lung	

Other contributory causes of importance:

Name of operation: Craniotomy Date of 2-28

What test confirmed diagnosis? Obs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M B Wandhace M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88297

CERTIFICATE OF DEATH

79 E 88297

1. PLACE OF DEATH Womens Hospital

CITY OF BALTIMORE: (No. ..... St. 11-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aubrey G. Frush

(a) Residence: No. 1205 Linden Ave, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: William H. Frush

6. DATE OF BIRTH (month, day, year): Jan 25. 1894

7. AGE: Years 39 | Months | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Franklin Carpenter

14. BIRTHPLACE (city or town) (State or country): N Y

15. MAIDEN NAME: Josephine

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT (Address): Johnson Carpenter 2907 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park March 8 1933

19. UNDERTAKER (Address): John C. Mitchell & Son 1900 Eutaw Pl

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5. 1933. to March 6. 1933

I last saw her alive on March 6. 1933. Death is said to have occurred on the date stated above, at 12 07 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral	
meningitis	March 3, 1933

Other contributory causes of importance:

Name of operation: Decompression Date of: March 4 1933

What test confirmed diagnosis? Spinal Puncture. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) W. Allen Deckert M. D.

(Address) Woman's Hospital

M. D. B. 1268-9

E 88298

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88298

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH: Bet un ve City Hospitals

CITY OF BALTIMORE: (No. Balto md St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Conquest

(a) Residence: No. 1234 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard —

6. DATE OF BIRTH (month, day, year) 2-15-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ocean Creek, Va

FATHER

13. NAME Litton Bailey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillian Bailey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon Cem Date 3-18, 1933

19. UNDERTAKER (Address) Harrington & Williams N.E.

20. FILED MAR 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1933 to 3-5, 1933

I last saw h alive on 3-5, 1933 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

3-11-33 If so, specify —

(Signed) Clive Hershberger M. D.

(Address) Balto. City Hospitals

Luther Humes

M. D. B. 1268-9

88299

HEALTH DEPARTMENT—CITY OF BALTIMORE

88299

CERTIFICATE OF DEATH

97-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 364 W Bddle St 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Humes Sr.

(a) Residence: No. 364 W. Bddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 25-1880

7. AGE: Years 52 | Months 2 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Francis Humes

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ella Long

(Address) 364 W Bddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

FEB 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to March 6 1933

I last saw h alive on March 5 1933 Death is said to have occurred on the date stated above, at 6-30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Diseases of	
(Cerebral apoplexy)	
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation: None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

88300

HEALTH DEPARTMENT—CITY OF BALTIMORE

88300

CERTIFICATE OF DEATH

X V 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian D. Wilt

(a) Residence: No. Lake Roland, Baltimore Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 21-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

FATHER

13. NAME Gilbert Wilt

14. BIRTHPLACE (city or town) (State or country) Jefferson Co W Va

MOTHER

15. MAIDEN NAME Anna M. Linaburg

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Talbot Wilt
(Address) Lake Roland

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date May 8 33

19. UNDERTAKER H. D. Marshall
(Address) 3 E Lafayette

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to March 6, 1933

I last saw her alive on March 6, 1933 Death is said to have occurred on the date stated above, at 12 39 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Otitis media	3/1/33
Other contributory causes of importance:	
Bronchopneumonia	3/1/33

Name of operation none Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranchi M. D.

(Address) Lydenham Hospital

M. D. B. 1268-9

8301

HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 88301

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 31 yrs. ..... mos. ..... ds.

2. FULL NAME Isadore Bothaus

(a) Residence: No. 409½ Patterson Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Bothaus

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Katie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Katie Bothaus Mother
(Address) 409½ Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laid Mt. Wms Run Date 3-8-33 19....

19. UNDERTAKER Parkhurst Inc
(Address) 439 E. Balto St

20. FILED 8 1933 19.... [illegible] Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 11.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Kerr [illegible] M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

Spec.—1-30—M. & T.—250 Bks

88302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88302

93-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Chapel ST., 7-01 WARD)

2-FULL NAME Melva Thompson

(a) RESIDENCE NO. 1006 E. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Thompson

DATE OF BIRTH (month, day, and year) July 1, 1901

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	8	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid 07°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Johns Hopkins Hosp.

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Columbus Johnson

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Nettie Hilliard

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

Informant (Husband) same
(Address)

Filed MAR 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4. 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1933, to Mar 4, 1933, that I last saw he alive on Mar 4, 1933, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Acute Hypertension
Acute myocarditis
Acute nephritis
(duration) yrs. 1 mos de.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart
(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) William L. Pomeroy M. D.

19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 3/8/33

20 UNDERTAKER Robert F. Williams

ADDRESS 1515 McHenry St

M. D. B. 1268-9

88303 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88303

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 905 Arlington Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary A. R. Keller

(a) Residence: No. 905 Arlington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Keller

6. DATE OF BIRTH (month, day, year) June 20 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	8	14 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Washington, D. C.
(State or country)

FATHER

13. NAME J. D. Biggs

14. BIRTHPLACE (city or town) Washington, D. C.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth McGill

16. BIRTHPLACE (city or town) Charles Co. Md.
(State or country)

17. INFORMANT Andrew J. Keller, Jr.

(Address) 905 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Park Date March 9. 1933

19. UNDERTAKER George W. Zikler

(Address) 1737 E. Eager St.

20. FILED ..... 19..... Registrar.

B 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to Mar. 6 1933

I last saw h[illegible] alive on Mar 5 1933. Death is said to have occurred on the date stated above, at 6 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	over 3 years
Other contributory causes of importance: Myocarditis	6 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. C. Hess M. D.

(Address) 5600 York Rd

M. D. B. 1268-9

88304 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88304

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 N Hilton St., 26th Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Meyers

(a) Residence: No. 434 N. Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav Meyers

6. DATE OF BIRTH (month, day, year): June 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Murder

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Bertha Hundertmark

(Address): 434 N Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 3/8/33

19. UNDERTAKER: C. A. Skipper

(Address): 1300 Eutaw Pl.

FILED 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to March 6, 1933

I last saw her alive on March 5, 1933 Death is said to have occurred on the date stated above, at 3.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

Other contributory causes of importance:

Arteriosclerosis	1930

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. S. Gerry — M. D.

(Address) 632 N. Eutaw

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88305 E 88305

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial House 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Reynolds Jr.

(a) Residence: No. Falls Road Roland Md. St.; ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Reynolds.

6. DATE OF BIRTH (month, day, year) June 21, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John C. Reynolds. Jr.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Henrietta Simons.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Henrietta Reynolds
(Address) Falls Road, Roland, md.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date March 9 ... 1933

19. UNDERTAKER E. Arnold Loos.
(Address) 3615 N. Charles St.

FILED 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
Myocarditis
Chronic Nephritis
Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
(If so, specify)

(Signed) J. H. Harrison M. D.
Coroner

(Address) 1 E. Fayette St.

M. D. B. 1268-9

88306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88306

CERTIFICATE OF DEATH

√ 23

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 S. Dallas St. St. 3-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Maresh (Maires)

(a) Residence: No. 803 S. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michal Maresh (Maires)

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sophie Novak Sister
(Address) 803 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mch. 9 1933

19. UNDERTAKER F. [illegible] Zagurski
(Address) 1930 Eastern Ave.

20. FILED 1933 Huntington Mills N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/2 1933, to 3/3 1933

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9a a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Lobar Pneumonia — 3/2/33
— 3/6/33

Other contributory causes of importance:
Heart failure — 3/6/33

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1623 E. Pratt with Lane

M. D. B. 1268-9

88307

E 88307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-01 V 11-002

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Chancery Road St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Gorsuch Young

(a) Residence: No. 214 Chancery Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Young

6. DATE OF BIRTH (month, day, year) Unknown 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas J. Gorsuch

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Sarah J. Waite

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Thomas C. Young
(Address) 214 Chancery Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 9th 1933

19. UNDERTAKER Chas. H. Grandstaff Son
(Address) 115 W. Lafayette ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1933 to March 7th 1933

I last saw her alive on March 6th. 1933 Death is said to have occurred on the date stated above, at 2.01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Influenza Grip	Feb 24 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A K Gorsuch M. D.

3-7, 33 (Address) 117 W. Saratoga St.

M. D. B. 1268-9

88308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88308

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Edmondson Ave St., 17-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Ross

(a) Residence: No. 807 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 8-76 ×

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 1/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt, City

FATHER

13. NAME Lloyd Ross

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Culwood

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Dale Offie
(Address) 4235 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Mar. 3, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 3224 Schroeder Ave.

20. FILED [illegible]

MAR 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/32, 19 to 3/1/33 19

I last saw h[illegible] alive on 3/1/33, 19 Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	1/33

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—1-30—M. & T.—250 Bks.

E 88309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92E 88309

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Harford Ave. St. 10-81 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli Manning

(a) RESIDENCE NO. 814 Harford Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Manning

6b DATE OF BIRTH (month, day, and year): May 30 1895

7 AGE — Years: 37 — Months: 9 — Days: 6 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C.

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Lillian Manning

(Address) 814 Harford Ave.

15 Filed Oct 4 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 6th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1933, to Mar 6th, 1933, that I last saw h[illegible]ive on Mar 6th, 1933, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of the Heart.

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary): unknown

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Harvey F. Brown, M. D.

3/7/1933 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 9/1 1933

20 UNDERTAKER: Samuel Bennett

ADDRESS 578 N Biddle

Spec. No. 30—Ar & Co.—250 Bks.

88310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88310

CERTIFICATE OF DEATH.

V 82-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St & Kesmick Rd. St. 13-01 WARD)

2-FULL NAME Mrs. Nannie T. Rossell

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
(or) WIFE of J. William Rossell

6 DATE OF BIRTH (month, day, and year) June 30, 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John W. Reed.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Matthews Co. Virginia

12 MAIDEN NAME OF MOTHER Mary J. Townsend.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Hospital Records.
(Address)

15 Filed ..... 19 ..... Registrar

MAR 8 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1933.

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to March 7, 1933

that I last saw h.. alive on Mar 7, 1933

and that death occurred, on the date stated above, at 11 42 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. Numford Hopkins M. D.

19 (Address) 214 Mer. Ext. Bldg.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cem	Mar 10 1933
20 UNDERTAKER A. J. Fickes & Sons	ADDRESS Balto

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88311 88311

CERTIFICATE OF DEATH

V 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Walbrook St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David S. Kahn

(a) Residence: No. 3020 Walbrook St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Alma Upkroonth Kahn

6. DATE OF BIRTH (month, day, year) Sept 17-1863

7. AGE Years 69 Months 5 Days 17 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Simon Kahn

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME OF MOTHER Selma Hines

16. BIRTHPLACE (city or town) (State or country) Eng

17. INFORMANT Lawrence E. Kahn

(Address) 2838 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Lawn Date Mar 8, 1933

19. UNDERTAKER J. J. Tuckey & Son

(Address) Howard & Fayette Sts

20. FILED APR 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide
Strangulation
Self Hanging

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Mar 6 1933

Where did injury occur? 3020 Walbrook
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leith Coroner, M. D.

(Address) Coroner

M. D. B. 1268-9

88312

HEALTH DEPARTMENT—CITY OF BALTIMORE

88312

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank Mura

(a) Residence: No. 1607 N. Calvert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-4-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 57	— 5	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 066

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lexington, Ky.

FATHER

13. NAME Sylvester Mura

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sophia Hopper

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Rev. Supt. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 8, 1933

19. UNDERTAKER Wm. J. Tickner & Son
(Address) Baltimore Md

20. FILED ..... 19..... Registrar. Washington Williams, M.D.

MAR 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-33

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1931 to 3-4, 1933

I last saw him alive on 3-4, 1933 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	1-1-31

Other contributory causes of importance:

senility

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

3-4-33 (Signed) Elmer Heisler M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88313

CERTIFICATE OF DEATH

E 88313

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Garrison Blvd St., 15-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Cummins Davis

(a) Residence: No. 3022 Garrison Blvd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 4 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Davis

14. BIRTHPLACE (city or town) (State or country) Indianapolis Ind

MOTHER

15. MAIDEN NAME Susanna E. Krug

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Virginia L. Davis

(Address) 3022 Garrison

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Mar 9 1933

19. UNDERTAKER Dyer Brown & Davis

(Address) Park & Penna

20. FILED ... 1933 Huntington Hillsboro, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1930 to March 6, 1933. I last saw her alive on March 5, 1933. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage and paralysis	1933 March 5
Other contributory causes of importance: Arterio-sclerosis	1930
Hypertension	1930

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~or homicide~~: ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter S. Tibbitt M. D.

(Address) 2220 Garrison Blvd

M. D. B. 1268-9

E 88314 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88314

CERTIFICATE OF DEATH

82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Clifton St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Millard Metz

(a) Residence: No. 3902 Clifton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Metz

6. DATE OF BIRTH (month, day, year): Oct. 17-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John F. Metz

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elizabeth Parker

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mamie M. Cruze

(Address): 3902 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Mar 9 1933

19. UNDERTAKER: Wm. J. Pentuer Sons

(Address): Funeral Parlors

20. FILED ... 19... ... Registrar.

MAR 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to March 7 1933

I last saw h.~~im~~ alive on March 6 1933 Death is said to have occurred on the date stated above, at 2.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Many years
Other contributory causes of importance:	
Cerebral embolism with softening	Feb. 20 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo M Fuller M. D.

(Address) 2435 Maryland Ave

1-30—M. & T.—100 B—50L

E 88315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88315

CERTIFICATE OF DEATH

167

REGISTERED NO. 25-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1428 Church St. Curtis Bay. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Grazauskas.

(a) RESIDENCE NO 1428 Church St. Curtis Bay. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 21 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER John Grazauskas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania.

14 Informant Joseph Grazauskas. (brother)

(Address) 1338 Washington Blvd.

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide.
Pistol shot wound of the heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

8/7/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Trinity Russian Cem. DATE OF BURIAL March 8, 1933

20 UNDERTAKER John Grebliauskas a.a.Co. ADDRESS 423 S. Paca St.

MAR 8 1933 Huntington Ave. Registrar

Spec.—9-30—A. & Co.—250 Bks.

E 88316 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88316

CERTIFICATE OF DEATH.

157-003
REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 N. Curley ST. 6-01 WARD)

2-FULL NAME Elizabeth May Long

(a) RESIDENCE NO. 1532 N Curley St ST.. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 41 ds. How long in U. S., if of foreign birth? yrs. mos. 41 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25/1933

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	—	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ddo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Samuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Myrtle Dietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Samuel Long
(Address) 1532 N. Curley

15 Filed MAR 8 1933 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-7-33

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to March 7-, 1933

that I last saw her alive on Feb 22-, 1933

and that death occurred, on the date stated above, at 2-15 P m

The CAUSE OF DEATH* was as follows:

Patent foramen Ovale

(duration) yrs. mos. 41 ds.

CONTRIBUTORY (Secondary) Bronchitis -

(duration) yrs. mos. 3- ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) E Gill Hall M. D.

March 8. 1933 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. — DATE OF BURIAL 3/8 1933

20 UNDERTAKER John M Ritz — ADDRESS 404 N Lakewood Ave

1-30—M. & T.—100 B—50L

E 88317

E 88317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Monroe & Wicomico Sts. ST. 21-01 WARD)

2-FULL NAME Arthur Sanders. (C)

(a) RESIDENCE NO 1412 Hard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ---mos.---dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.H.D.

(Address)

Filed MR 8 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D.
Coroner

8/8/88 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 3/8 1933

20 UNDERTAKER Isaiah L Brown Son

ADDRESS 1018 W Monty omery St

M. D. R. 1270

88318

HEALTH DEPARTMENT—CITY OF BALTIMORE 88318

CERTIFICATE OF DEATH

87-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 E Clement St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara R Blemline

(a) Residence: No. 421 E Clement St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/4/1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Blemline

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary M Cecil

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Helen Blemline
(Address) 421 E Clement

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 3/9/33, 19

19. UNDERTAKER J J Fahey & Sons
(Address) 1317 Light St.

20. FILED ... 19 ... Registrar.

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10, 30, 1931 to Oct, 1932

I last saw her alive on Oct, 1932 Death is said to have occurred on the date stated above, at 12.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	
Myocarditis	
Cystitis	
Contributory	

Other contributory causes of importance:

Name of operation Laminectomy Date of Nov. 16/32

What test confirmed diagnosis? Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard E Cobb M. D.

(Address) Lakeside Apts. Baltimore Md

M. D. B. 1268-9

E 88319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88319

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Abbotston St., 9-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie L. Smith

(a) Residence: No. 1502 Abbotston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William K. Smith

6. DATE OF BIRTH (month, day, year) July 22, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Lash

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Smith

(Address) 1502 Abbotston St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date March 9 1933

19. UNDERTAKER H. Howard Evans

(Address) 38 E Fort Ave

20. FILED 8 1933 [illegible] Registrar. 3/6/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1930 to March 6th, 1933

I last saw her alive on March 5th, 1933 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, chronic, aortic regurgitation, chronic interstitial nephritis	9/11/30

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Leibel M.D.

(Address) 1224-26 Hanover St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88320

320

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE (Cross Street & Bruce 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Parsons

(a) Residence: No. 1420 N Vincent St, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) 1898
7. AGE Years 35 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER
13. NAME Pauline Parsons
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Brighton Burgess
16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Elmira Jackson
(Address) 1882 Carlsbury St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 3 8 33 19

19. UNDERTAKER Samuel J Bowden Sr
(Address) 5-18 N Bradford St

20. FILED MAR 9 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on Mar 7 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Other contributory causes of importance:	

Name of operation ..... Date of ..... What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Horace Beck M. D.
Coroner
(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88321 E 88321

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. No-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Slocum

(a) Residence: No. unknown St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Mar 8, 1933

19. UNDERTAKER

(Address) ~~Washington Avenue~~

20. FILED ... 19...

Registrar.

1933 0226

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Arterio sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88322

CERTIFICATE OF DEATH

34 E 88322

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sonny Wilson

(a) Residence: No. Unknown St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Cem. Md. Date: Mar 8, 19 33

19. UNDERTAKER

(Address) Huntington Williams, N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Syphilis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene Feldman M. D.
Coroner

(Address) 1937 Eastern Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88323

CERTIFICATE OF DEATH

131 E 88323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N Fulton Ave., 19-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 73 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Burns

(a) Residence: No. 223 N Fulton Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Burns

6. DATE OF BIRTH (month, day, year) Sept 6 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna McGee

(Address) 223 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date 3/9 1933

19. UNDERTAKER Enge A Sydney

(Address) Fulton & Fayette

20. 1933 Washington Philadelphia R. P. N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1932 to Mar. 6 1933

I last saw her alive on Mar 4 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932

Other contributory causes of importance:

Arteri-sclerosis

Chronic interstitial Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? phys exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles J Taggart M. D.

(Address) 2229 Eutaw Pl.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88324

E 88324

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6109 Park Heights Ave 27-61 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 41 yrs. ..... mos. ..... ds.

2. FULL NAME Josephine C Piraino

(a) Residence: No. 6109 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph V. Piraino

6. DATE OF BIRTH (month, day, year) Aug 31st 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Imbrogulio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosaria Barasco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Piraino
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 9 1933

19. UNDERTAKER Frank V. Pipitone
(Address) 2814 E. Baltimore St

20. FILED 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1932, to March 6, 1933

I last saw her alive on March 6 1933 death is said to have occurred on the date stated above, at 5.07 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Indefinite
Myocarditis	Indefinite
Other contributory causes of importance:	
Acute Myocarditis	4 days

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 2942 E. Fayette St.

M. D. B. 1298-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88325 E 88325

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 2-27-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emmitt Krach

(a) Residence: No. 3207 Glenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob A. Krach

6. DATE OF BIRTH (month, day, year) June 21, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Philip Greenfield

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Susan Greenfield

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Jacob A. Krach
(Address) 3207 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar. 10, 1933

19. UNDERTAKER Frederick Lazenby
(Address) 7321 Belair Road

20. FILED Harrington Phillips Mar 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1933 to Mar. 7, 1933
I last saw h[illegible] alive on March 7, 1933 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Appendiceal abscess ??	
(2) Empyema (left)	2-14-33

Other contributory causes of importance:

Tobacco

Name of operation Thoracotomy Date of 2-27-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. M. Mozenmeller M. D.

(Address) St. Joseph's Hospital

1933

M. D. B. 1268-9

88326 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88326

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 7-9 Ward)

Length of residence in city or town, where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Chapman Washington D. C.

(a) Residence: No. 338 N. Ed St. W. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glazer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Jared Chapman
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ada Towns
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Madisonville Ohio Date 3/8 19 33

19. UNDERTAKER Wm Cox
(Address) 1217 E Pratt St

20. FILED 1933 Washington Township Registrar. 8 ABB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 6 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1933 to Mar 6 1933
I last saw him alive on Mar 6, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Stem Tumor Malignant	Oct. '32
Other contributory causes of importance:	
None	

Name of operation Air Injection Date of Feb. 21 '33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimbel, M. D.
(Address) Johns Hopkins Hospital

M. D. H. 1268-B

88327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 88327

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. 17-01 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Henry Easley

(a) Residence: No. 530 Johannsen st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 29, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles H. Easley

14. BIRTHPLACE (city or town) (State or country) Halifax Virginia

MOTHER

15. MAIDEN NAME Ella Goode

16. BIRTHPLACE (city or town) (State or country) Danville Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Mar 10th 1933

19. UNDERTAKER Elroy O Wilson
(Address) 1001 E Fayette ave

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1933, to March 7, 1933

I last saw him alive on March 7, 1933. Death is said to have occurred on the date stated above, at 6.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Braun, M. D.
(Address) Baltimore City Hospitals

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88328

E 88328

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2216 Druid Hill St. (Ward) 12-21

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maynard Smith

(a) Residence: No. 2216 Druid Hill St., ... Ward. Weems Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Smith

6. DATE OF BIRTH (month, day, year): 1894

7. AGE: Years 38 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper 008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Benj Smith

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Martha Sauer

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Fannie Smith

(Address): 2216 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Weems V.A. Date Mar 11th 33

19. UNDERTAKER: Edroy O Wilson

(Address): 1000 Brandywine Huntington Williamsport W. Va.

FILED 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 6th A.D. 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden — Inquiry.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Regulus ... there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Clark Coroner, M. D.

(Address)

Spec.—6-9-19—H. P. Co.—1000 Bks.

88329

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88329

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 McCulloh St. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia A Gaines

(a) RESIDENCE. No. 1522 McCulloh ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bishop Wesley J Gaines

6 DATE OF BIRTH (month, day, and year) 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbus Ga.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. L Gaines

(Address) 1522 McCulloh

Filed 1933 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1933, to Mch 7, 1933, that I last saw h alive on March 7, 1933, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senility.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Dr. H Wright, M. D.

3/9, 1933 (Address) 1209 Pennsylvania Ave SC

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta, Ga.

DATE OF BURIAL 3/9/33

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

Simpson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88330 131 E 88330

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N. Carey ST. 16th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elenora Simpson

(a) RESIDENCE NO. 908 N. Carey ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of 6 Lar.

DATE OF BIRTH (month, day, and year) Dec. 15 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Calvert Co (State or country) Md.

19 NAME OF FATHER Henry Wilson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Mr Allen

(Address) 908 N. Carey

Filed , 19 Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1933, to March 7, 1933,

that I last saw her alive on March 7, 1933

and that death occurred, on the date stated above, at 4 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic) don't know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H White, M. D.

, 19 (Address) 1031 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 3/10/33 19

20 UNDERTAKER Mrs. Geo. A. Holland

ADDRESS 1631 Druid Hill

M. D. B. 1268-9

88331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88331

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Dolphin St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret A Flew

(a) Residence: No. 711 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses E.

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edith Campbell

(Address) 711 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lauel Date 3/9/33 19

19. UNDERTAKER Mrs Geo. F. Holland

(Address) 1611 Druid Hill Ave

20. FILED Huntington Williams Agt

MAR 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1932 to March 5 1933

I last saw h[illegible] alive on March 5 1933. Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Feb 1932

Other contributory causes of importance:

Myocarditis, Partial Paralysed of thumb muscles Hypertension

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1424 E Monument St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88332

CERTIFICATE OF DEATH

149 E 88332

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1529 Brunt St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Robinson

(a) Residence: No. 1529 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas Robinson

6b. DATE OF BIRTH (month, day, year): Nov 23 1898

7. AGE: Years: 34 | Months: 3 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Jas E White

14. BIRTHPLACE (city or town) (State or country): Prince Geo Co

15. MAIDEN NAME: Carrie Preston

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Carrie White

(Address): 1529 Brunt St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Date 3/9/23 19....

19. UNDERTAKER: Mrs. Geo. R. Hollard

(Address): 1631 Brunt Street

FILED 1933 Huntington Ferguson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Child Birth — Date of onset .....

Sepsis — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Funk Coroner M. D.

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88333

CERTIFICATE OF DEATH

24 E 88333

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St. 17-21 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Briscoe

(a) Residence: No. 1038 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Mar 2 1932

7. AGE — Years: 1 — Months: — — Days: 6 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Dupford Coleman

14. BIRTHPLACE (city or town) (State or country): do

15. MAIDEN NAME: Viola Briscoe

16. BIRTHPLACE (city or town) (State or country): do

17. INFORMANT: Frances Briscoe
(Address): 1038 W Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carlton Cemetery Date: 3-9- 1933

19. UNDERTAKER: Daniel Easton
(Address): 216 Pine and Huntington Ave, Balto, Md

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 7 1933

22. I HEREBY CERTIFY, That I attended, deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Meningitis

Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Luck Coroner, M. D.

(Address) .....

M. D. B. 1268-9

John Green ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88334

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 4-01 St. Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Grieves

(a) Residence: No. 228 N. Carey St. 228 N Carey St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1

6. DATE OF BIRTH (month, day, year) ~~2/8/1644~~ 2/8/1644

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87 98	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Balto City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship 3-9 1933

19. UNDERTAKER Daniel Foster
(Address) 216 Pa Ave

20. FILED 1933 Huntington Pikesville, Md. RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1933 to 3/7 1933

I last saw him alive on 3/7 1933 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Groin with Metastasis to Gland of Neck	9 Mo.

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elmer Highbarger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

88335 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88335

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 W. Lombard St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin Matthews

(a) Residence: No. 1010 W. Lombard St., ... Ward: .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 6 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Norris Matthews

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Verna Gardner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Norris Matthews

(Address) 1010 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar 9 1933

19. UNDERTAKER Wm. Mehrer Sons

(Address) 1101 E. Fayette St

FILED MAR 9 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1933 to Mar. 8, 1933

I last saw h... alive on Mar. 8, 1933. Death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3/6/33

Other contributory causes of importance:

None.

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Norton M. D.

(Address) 1101 McCulloh St

M. D. B. 1268-9

E 88336

336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-001

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Cox St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 0 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Cochran

(a) Residence: No. 1514 Cox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Cochran

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah E. Day

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Frank Miles

(Address) 1514 Cox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar 9. 1933

19. UNDERTAKER Wm. McKnew Sons.

(Address) North & Penna Ave.

20. FILED ... 19...

MAR 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1933 to Mar 6 1933

Last saw h... alive on Mar 6 1933 Death is said to have occurred on the date stated above, at 4.50 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/29/33
Bronchopneumonia	

Other contributory causes of importance

Bronchopneumonia

Myocarditis

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Edwin H. Kelly M. D.

(Address) 601 Fawcett Bldg

M. D. B. 1268-9

88337 HEALTH DEPARTMENT—CITY OF BALTIMORE 88337

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Johnson

(a) Residence: No. 1706½ McCulloh St. St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/4 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frederick W Johnson

14. BIRTHPLACE (city or town) (State or country) St. Mary Co. Md

MOTHER

15. MAIDEN NAME Susie Jackson

16. BIRTHPLACE (city or town) (State or country) St. Mary Co. Md

17. INFORMANT Susie Jackson
(Address) 1710 Eutaw Pl Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1/9 19

19. UNDERTAKER
(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/17 1933 to 3/5 1933

I last saw h.. alive on 2/5 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Nasopharynx	1/10

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If specify

(Signed) Oliver Hi Jaberg M.D.

(Address) Balto City Hospitals

88334.

HEALTH DEPARTMENT—CITY OF BALTIMORE B 88338

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25 Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton Carter (Clinton A. Carter)

(a) Residence: No. 2117 Sidney Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie M. Carter

6. DATE OF BIRTH (month, day, year) September 7, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 5 8	7 5	24 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Campbell Metal Window Corp

10. Date deceased last worked at this occupation (month and year) February 1933

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Montgomery County Maryland

FATHER

13. NAME James H. Carter

14. BIRTHPLACE (city or town) (State or country) Forthworth County Virginia

MOTHER

15. MAIDEN NAME Katie V. Kendall

16. BIRTHPLACE (city or town) (State or country) Forthworth Virginia

17. INFORMANT Mrs. Bessie M. Carter

(Address) 2117 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 9, 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

20. FILED MAR 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-27-33, 19 to 3-6-33, 19

I last saw h.l.M. alive on 3-6-33, 19 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Cardiac failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Van Arsdale M. D.

(Address) 841 agnes Hos

M. D. B. 1268-9

William H. Chase

E 88339 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88388

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. (or Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H Chase

(a) Residence: No. 421 N. Wolfe st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Chase

6. DATE OF BIRTH (month, day, year) Jan 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Rose
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date march 10. 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 orleans st

MAR 5 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1933 to 3/6 1933

I last saw him alive on 3/6 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	?
	Odd
Other contributory causes of importance:	
Uremia	3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin A. Pollock M. D.
Balto City Hospitals
(Address)

M. D. B. 1268-0

E 88340

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88340

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Balto md St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Davis

(a) Residence: No. 1411 E. Fairmont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Davis

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Berkley, Va,

FATHER

13. NAME James Davis

14. BIRTHPLACE (city or town) (State or country) Va, ?

MOTHER

15. MAIDEN NAME Mary L. ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Balto. City Hospitals.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date March 11 1933

19. UNDERTAKER Edw. Bryan

(Address) 1634 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1933 to 3-7 1933

I last saw her alive on 3-7 1933 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	1-7-33
Other contributory causes of importance:	
arteriosclerosis	?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

3-8-33 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 88341 HEALTH DEPARTMENT—CITY OF BALTIMORE E-88341

CERTIFICATE OF DEATH

35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City 166 Apt 21 St., Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Barry

(a) Residence: No. 15-23 Ashland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Barry

6. DATE OF BIRTH (month, day, year) Aug. 2, 1887

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Barry

14. BIRTHPLACE (city or town) (State or country) St. Marys Md

MOTHER

15. MAIDEN NAME Laura Watts

16. BIRTHPLACE (city or town) (State or country) St. Mary's [illegible]

17. INFORMANT Wife Resides

(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place John cemetery Date March 9, 1933

19. UNDERTAKER Edw. Bryan

(Address) 1638 Orleans St

20. FILED ..... 19..... Registrar.

9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/23/33, 19..., to 3/3, 1933

I last saw him alive on 3/3, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral stricture	?

Other contributory causes of importance: Ectravasation of urine Jan 23, 1933

Fever and Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Barney Schaefer M. D.

(Address) Balto City Hosp.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88342

CERTIFICATE OF DEATH

93-004

E 88342

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 N. Calvert St St., 12-21 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Virginia Israel

(a) Residence: No. 3017 N Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Gilbert J. Israel

6. DATE OF BIRTH (month, day, year) Mch. 13-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Unknown Keeton

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown Douglas

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Nettie Israel
(Address) 3017 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Mch 10, 1933

19. UNDERTAKER Geo L Beyer Jr
(Address) 1500 Hollins St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-8-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby-19, 1933 to Mar 8, 1933

I last saw her alive on Mar 7, 1933 death is said to have occurred on the date stated above, at 7-20 a m.

The principal cause of death and related causes of importance were as follows:

Bronchial N. Tul & colds and Myocardial Insufficiency with decompensation

Date of onset ?

Other contributory causes of importance:

Ngw-

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wesley Cole, M. D.

(Address) 2202 Harrison

M. D. B. 1268-9

Harry Price

88343 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88343

CERTIFICATE OF DEATH

V 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1171 Pennsylvania Ave-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Price

(a) Residence: No. 1171 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Price

6. DATE OF BIRTH (month, day, year) June 1905.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Md. Mary Co.

FATHER

13. NAME Victor Price

14. BIRTHPLACE (city or town) (State or country) St. Mary Co.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) St. Mary Co.

17. INFORMANT Catherine McKeel (Address) 1171 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date March 11, 1933

19. UNDERTAKER Sam'l F. Chase & Son (Address) 638 N. Eutaw St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/33, 19, to 3/8/33, 19

I last saw alive on 3/4/33, 19. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Arteriosclerosis	3/27/33
Chronic Nephritis	

Other contributory causes of importance:

Lung disease

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. C. Thomas, M. D.

(Address) 1171 Pennsylvania Ave

M. D. B. 1268-0

E 88344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88344

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Beauchamp

(a) Residence: No. 1411 John St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 28, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Samuel Beauchamp

14. BIRTHPLACE (city or town) Yokomoko (State or country) Md

MOTHER

15. MAIDEN NAME Jane Loud

16. BIRTHPLACE (city or town) Charles Co. (State or country) Md.

17. INFORMANT Mrs. Jane E. Beauchamp
(Address) 1411 John St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 11th 1933

19. UNDERTAKER Putnam & Co
(Address) 2234 E. Chase St.

20. FILED ..... 19 ..... [illegible]

MAR 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to March 8, 1933

I last saw her alive on March 8, 1933 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Influenza Bacillus)	3/4/33

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Peter Meranda M. D.

(Address) Lyndenham Hospital

AaCo. 5-II 250B

88345 HEALTH DEPARTMENT—CITY OF BALTIMORE 88345

CERTIFICATE OF DEATH X 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 5 ds. How long in U.S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Carl Swanson

(a) Residence: No. North Linthicum Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Feb. 20 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
1	0	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Linthicum.
(State or country) Anne Arundel County.

FATHER

13. NAME Ernest Swanson.

14. BIRTHPLACE (city or town) .....
(State or country) Sweden.

MOTHER

15. MAIDEN NAME Marie D. Martini.

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Ernest Swanson (Father)
(Address) North Linthicum, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mar. 10 1933.

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED APR 1933 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1933, to 3-6, 1933

I last saw him alive on 3-6, 1933 death is said to have occurred on the date stated above, at 10 51 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-Pneumonia	3/3/33
Other contributory causes of importance: Cardiac Failure	1 da

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph G Lourgatis M. D.

(Address) 679 Washington Blvd

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

8346 — B 88346

CERTIFICATE OF DEATH

V 66-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5319 Eastern Ave. St., 26 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE M. ECKHARDT.

(a) Residence: No. 5319 Eastern Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22 1894.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Eckhardt.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Kuhn.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas Eckhardt (Father)
(Address) 5319 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Mar. 10 1933

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

20. FILED 1933 — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 29 to March 7 19 33

I last saw her alive on March 6 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(Obesity due to hypo-thyroidism Weight about 350 lbs.	1929
Other contributory causes of importance: Chr. Myocarditis (fatty degeneration)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frank A. Glantz M. D.

(Address) 3244 Eastern Ave.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88347 88347

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N Spring Street St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amandia Hopkins

(a) Residence: No. 1625 N. Spring Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wesley Hopkins

6. DATE OF BIRTH (month, day, year): Nov. 29, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	8 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Somerset County Maryland

FATHER

13. NAME: James W Muir

14. BIRTHPLACE (city or town) (State or country): Somerset Co. Maryland

MOTHER

15. MAIDEN NAME: Anni Windoor

16. BIRTHPLACE (city or town) (State or country): Somerset Co Maryland

17. INFORMANT: John Muir
(Address): 1625 N Spring Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Broomes Is. Cem. Date: Mar. 10, 1933

19. UNDERTAKER: George J. Smith & Son
(Address): 1738 Druid Hill Ave

MAR 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933 to March 7, 1933

I last saw her alive on March 7, 1933. Death is said to have occurred on the date stated above, at 8 2 P. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	4 yrs
Myocardial Insufficiency	4 yrs
Other contributory causes of importance: Cerebral Hemorrhage	5 days

Name of operation: Physical Examination Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Greenberg M. D.

(Address) 1625 E Hoffman Ave

M. D. B. 1268-9

E 88348

88348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Chas. K. Harrison Jr.

(a) Residence: No. Baltimore, Clerk St., Chas. Madison Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 3 Mo.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Mr. Chas. K. Harrison

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Miss Louis T. Harall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Hall Harrison

(Address) Garrison, Md.

18. BURIAL, CREMATION, OR REMOVAL Date March 11, 1933

Place St. Thomas Garrison

19. UNDERTAKER Henry Meakins & Sons

(Address) Cor. Eutaw & Lanvale Sts.

20. FILED MAR 9 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1930 to March 8, 1933

I last saw him alive on March 8, 1933 Death is said to have occurred on the date stated above, at 5 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Infectious Arthritis	1927
Chr. Myocarditis —	(?)

Other contributory causes of importance:

Heart Block	12-13-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mares A Heckt M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

MacRae

HEALTH DEPARTMENT—CITY OF BALTIMORE

88349 88349

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Park Ave St. 14-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Anna Jane MacRae.

(a) Residence: No. 1501 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed or divorced~~ HUSBAND of (or) WIFE of Thos Murdoch MacRae

6. DATE OF BIRTH (month, day, year) Jan 22 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Md

MOTHER FATHER

13. NAME Philip Gover

14. BIRTHPLACE (city or town) (State or country) Harford Co

15. MAIDEN NAME Sarah Moores

16. BIRTHPLACE (city or town) (State or country) Harford Co

17. INFORMANT Miss Agnes Gover
(Address) 824 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Mear Belair
Place Pork Springs Cem Date March 0 1933

19. UNDERTAKER Henry H. Kuhn & Sons
(Address) N. Calvert & Barnard Sts

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....
to ..... 19.....
I last saw h... alive on ..... 19.....
Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. Colvin Jr. M. D.
Coroner

(Address) 100 Penn

M. D. B. 1268-9

E 88350 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88350

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital Registered No.

CITY OF BALTIMORE: (No. 1514 Dunsan St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Mayne

(a) Residence: No. 3305 Tate St. St., Fairfield Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Helen Mayne.

6. DATE OF BIRTH (month, day, year) Unknown 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown Reed

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown Reed.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Helen Mayne (Address) 3305 Tate st

18. BURIAL, CREMATION, OR REMOVAL Place Ashburn Cem. Date 3/9/33 19

19. UNDERTAKER Mrs R. H. Elliott (Address) 112 Pulaski Highway Baltimore, Md.

MAR 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1933 to 3-6 1933

I last saw him alive on 3-6 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Labor Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Thurs M. D.

(Address) Provident Hospital

M. D. B. 1268-9

88351

HEALTH DEPARTMENT—CITY OF BALTIMORE

88351

CERTIFICATE OF DEATH

V 175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kelly or Davis

(a) Residence: No. ? 1112 Watson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	?????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pubbic Cemetery Date Mar 8 . 19 33

19. UNDERTAKER
(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures of skull	
Laceration of brain	Feb 22

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury feb 22

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place near 35 n. Caroline St

Manner of injury Struck by baseball bat.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Collins M. D.
Coroner

(Address) 508 N Wolfe

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 88352

108 E 88352

1. PLACE OF DEATH

County Balto Registration Dist. No.

Village or City Hamilton No. 22-01 St., Ward

(If death occurred in a hospital or institution, give the NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian P. Lee

(a) Residence: No. 2910 Kildaire drive St., Ward 10th

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry A. Lee

6. DATE OF BIRTH (month, day, and year): Mar. 20, 1884

7. AGE: Years 48 | Months 11 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife 037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Geo Kimble

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Rhoda Baldwin

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Harry A. Lee

(Address) 2910 Kildaire Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Abingdon, Md. Date Mar. 10, 1933

19. UNDERTAKER Howard K. McCosman

(Address) Abingdon, Md

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month) March (Day) 7th 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 4 1933 to March 7 1933

I last saw her alive on March 7 1933; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pelvic Hemorrhage	March 4
Other Contributory Causes of importance: Anuria Exhaustion Internal Hemorrhage	10 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Simonton M. D.

(Address) 410 E. Fayette St Hospital

If more space is needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

88353 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88353

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Frank Venzke~~ FRANK Venzke

(a) Residence: No. Bradshaw, Balto. Co. St., ... Ward Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Frank Venzke

6. DATE OF BIRTH (month, day, year) March 25th, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	11	8	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Roads

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Lewis Venzke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Coze

16. BIRTHPLACE (city or town) (State or country) America

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Lutheran Date Mar 12 1933

19. UNDERTAKER H. R. McComas & Son
(Address) Abingdon Md

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6th 1933 to March 8th 1933

I last saw h... alive on March 8th 1933. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Cerebral	?
Other contributory causes of importance:	
Cerebral Hemorrhage	3-8-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Brain

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Spence, Jr. M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

88354 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88354

CERTIFICATE OF DEATH

XV 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 9-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wright

(a) Residence: No. 4121 W. Stevens St., Ward. Kentucky
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Unknown Bradley

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Betty Bradley

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Patient

(Address) 4121 Westview, Balt.

18. BURIAL, CREMATION, OR REMOVAL Place Mackville Ky Date Mar 9 33

19. UNDERTAKER Harry A. Witzke

(Address) 4701 Edmondson Ave

FILED 1933 Huntington Williams Md
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to March 8, 1933

I last saw h.e alive on March 8, 1933 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus - (post operative)	9 days
b Diabetes Mellitus	years
Other contributory causes of importance: acute Cholecystitis	

Name of operation Cholecystectomy Date of Feb 28

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard C. Cumming M. D.

(Address) Rd. Church Home and Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88355 E 88355

CERTIFICATE OF DEATH

93-003 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 Brooks Lane St., 13-01 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? 3 yrs. ..... mos. ..... ds.

2. FULL NAME Rosa N. Fox

(a) Residence: No. 949 Brooks Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Fox

6. DATE OF BIRTH (month, day, year) Apr. 6, 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER'S

13. NAME Moses Neuberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Louis Fox

(Address) 6118 Biltmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ref. Friendship Date Mch. 10, 1933

19. UNDERTAKER David Sondheim & Son

(Address) 1962 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1929 to March 8, 1933

I last saw h[illegible] alive on March 8, 1933 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 years
Other contributory causes of importance:	
Myocarditis	1 year

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden Apts.

M. D. B. 1268-9

88356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88356

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Provident Hospital — 19-01 — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jones

(a) Residence: No. 1627 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilson Jones

6. DATE OF BIRTH (month, day, year) May 10, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

FATHER

13. NAME John Cross

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

MOTHER

15. MAIDEN NAME Elizabeth Chase

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT John Chase

(Address) 908 N Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date March 11 1933

19. UNDERTAKER Joseph A Lively

(Address) 849 N Mount Street

20. FILED MAR 9 1933 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1933 to March 6, 1933

I last saw her alive on March 6, 1933. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Retention with Uremia	2/28/33

Other contributory causes of importance:

Myoma of Uterus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Bullock Hyman M. D.

(Address) Provident Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88357

CERTIFICATE OF DEATH

34 E 88357

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean Weathers

(a) Residence: No. 615 Archer St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Freeman Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Weathers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Cem Date March 10 1933

19. UNDERTAKER Joseph A Lively

(Address) 140 N. Mount Street

20. FILED MAR 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Congenital Lues	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Hall Coroner, M. D.

(Address) 506 E North Ave

M. D. B. 1268-9

88358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12E 88358

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Burton Grace

(a) Residence: No. 619 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wilbur Grace

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Myrtle Murray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address) Md Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Cem Date March 11, 1933

19. UNDERTAKER Joseph A Lynch
(Address) 14 N. Broadway

20. FILED ..... 19 ..... (Registrar)

MAR 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1933 to 3-6, 1933

I last saw h.. alive on 3-6, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute & Chronic Pericarditis	
Acute Appendicitis	2-4

Other contributory causes of importance:

Chronic Myocarditis
Pleural Effusion

Name of operation Appendectomy Date of 3/6/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
(Address) Md. Gen. Hospital

M. D. B. 1268-9

88359

E 88359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 E 36th St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick L. Healy.

(a) Residence: No. 732 E 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary. Healy.

6. DATE OF BIRTH (month, day, year) March 15/55

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Patrick Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Welsh.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary. Healy
(Address) 732 E 36th St.

18. BURIAL, CREMATION, OR REMOVAL Dr Grace Md
Place Mt Erin Havre Date 3-10 1933

19. UNDERTAKER Pennington & Son
(Address) Havre de Grace Md.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to March 7, 1933

I last saw ~~him~~ alive on March 5, 1933. Death is said to have occurred on the date stated above, at 6:0 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	1928
Other contributory causes of importance:	
Myocarditis	1930

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Fenby M. D.

(Address) 3622 Greenmount Ave.

M. D. B. 1268-9

E 88360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88360

CERTIFICATE OF DEATH

23

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 884 W. Fayette St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Baum

(a) Residence: No. 884 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, Md Date Aug 19 33

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. Grill Jr. M. D.
Coroner

(Address) 2239 Eastern Ave.

M. D. B. 1268-9

88361

HEALTH DEPARTMENT—CITY OF BALTIMORE

88361

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunmore St. 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thomas

(a) Residence: No. 113 Wilmot Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Sing

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME no record

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME no record

16. BIRTHPLACE (city or town) (State or country) no record

17. INFORMANT none
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn of Md Date May 9 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1933 to 3-5 1933

I last saw him alive on 3-5 1933. Death is said to have occurred on the date stated above, at 9:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-1-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. Blumer M. D.

(Address) Provident Hospital

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88362 E 88362

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Montebello Terrace St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maryland L Price

(a) Residence No. 2807 Montebello Terrace St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L Price

6. DATE OF BIRTH (month, day, year) Oct 19 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Martha Gardner

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Clara Price

(Address) 2807 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/11 1933

19. UNDERTAKER Wm H Poole & Bro

(Address) 1310 E Fayette St

20. 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1933 to March 8 1933

I last saw her alive on March 8 1933 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/24
Lobar	
Other contributory causes of importance: Chronic Bronchitis	4yrs

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Grover Zimmerman M. D.

3/8/33 (Address) 2854 Maryland Ave

M. D. B. 1268-9

Dr Dubel 1224 Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

88363

E 88363

CERTIFICATE OF DEATH

93003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Hanover St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olive I. Block

(a) Residence: No. 1503 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery Underwear Co

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel I Block

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

MOTHER

15. MAIDEN NAME Adeline Rhodes

16. BIRTHPLACE (city or town) (State or country) Lancaster Pa

17. INFORMANT Adeline Shanklin

(Address) 1503 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/11 No 33

19. UNDERTAKER Jno. C. Turner & Co

(Address) 1524 Pennsylvania Ave

20. FILED 9 1933 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23rd 1933 to March 8th 1933

I last saw her alive on March 8th 1933. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 5 mitral insufficiency

Date of onset: Probably about 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weinberg M. D.

3/9/33 (Address) 1224-26 Hanover St

M. D. B. 1268-9

88364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 88364

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Artimesia Grimsley alias Mary Thomas

(a) Residence: No. 827 N. Bakto St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23. 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	30	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah Va.

FATHER

13. NAME Thomas J Grimsley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Case

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Elsie Davidson
(Address) 1051 N Dakota St

18. BURIAL, CREMATION, OR REMOVAL
Place Ingham Va Date 3/10 '33

19. UNDERTAKER William Cook
(Address) 2175 St Paul St

20. FILED 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastric Ulcer

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Newgarden, M. D.
Coroner

(Address) 1205 N Eutaw

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88365

CERTIFICATE OF DEATH.

131 E 88365

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N. Eden ST., 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Frederica Reinhold

(a) RESIDENCE NO. 922 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John H. Reinhold

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
62	62	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer Schloss Factory Baltimore Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ernest F. Metzger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Spoerlader.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant daughter (Address)

15 Filed 1933, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/33

17 I HEREBY CERTIFY, That I attended deceased from May, 1932, to 3/7, 1933, that I last saw h alive on 3/5, 1933, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease with Hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Sigl. Fittum, M. D.

, 19 (Address) 1304 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cem

DATE OF BURIAL May 10 1933

20 UNDERTAKER John Ellicott

ADDRESS 2008 Eutaw

Spec.—9-30—A. & Co.—250 Bks

88366 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 88366

CERTIFICATE OF DEATH. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 N. Central Ave. 5-01 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sampson Scott-

(a) RESIDENCE No. 637 N. Central Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scott-

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Lunch Room

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mebee S.C

PARENTS

10 NAME OF FATHER Nathan Scott-

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Etta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant Mary Scott-
(Address) 637 N. Central Ave.

15 Filed 1933 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-33

17

I HEREBY CERTIFY, That I attended deceased from Mar 3 , 1933, to 3-7 , 1933

that I last saw him alive on 3-7 , 1933

and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Bi Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo [illegible] M. D.

3-8 , 1933 (Address) 507 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blacksburg. S.C

DATE OF BURIAL 3-9 1933

20 UNDERTAKER Byrd & Mamis & Wright

ADDRESS 218 McCaldon St

M. D. B. 1265-9

88367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88367

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 E. 20th St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Scully

(a) Residence: No. 531 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of Peter J. Scully

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

MOTHER FATHER

13. NAME William Holtes.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Seitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Toal (sister)

(Address) 531 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date March 10th 1933

19. UNDERTAKER Mary M Wentzfeld

(Address) 504 E. 22nd St

Filed 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7/33. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Haller M. D.

Coroner

(Address) 708 E Monument

M. D. B. 1268-9

88368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88368

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Arunah Ave. St. 42-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Sigler

(a) Residence: No. 2418 Arunah Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Frances Sigler

6. DATE OF BIRTH (month, day, year) June 21, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	14 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) 8 or 10 years ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Solomon Sigler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sigle

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Joseph F. Sigler

(Address) 2418 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date March 10, 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1603 W. Baltimore St.

FILED 9 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931 to Mar 7, 1933

I last saw him alive on Mar 7, 1933 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis (generalized)	1929
angina pectoris (Coronary thrombosis)	3/7/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. A. Kemp, M. D.

(Address) 3030 Edmondson Ave.

M. D. B. 1268-9

88369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88369

87-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 749-W-North Ave Hosp. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Brandsford Newbill

(a) Residence: No. 749 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dew. Newbill

6. DATE OF BIRTH (month, day, year): Feb 23/1881

7. AGE: Years 52 57 | Months 0 | Days 15 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Louisa Virginia

FATHER

13. NAME: Asa Driscoll

14. BIRTHPLACE (city or town) (State or country): Louisa Co Maryland

MOTHER

15. MAIDEN NAME: Judith Ayres

16. BIRTHPLACE (city or town) (State or country): Louisa Co. Maryland

17. INFORMANT: W. D. Newbill (Husband)

(Address) 749 W North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 11 19 33

19. UNDERTAKER: Stewart Mfg Co.

(Address) 1618 W North Ave.

20. FILED 1933 Huntington Williams M.D. /Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1932 to March 8 1933

I last saw her alive on March 8 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative changes following removal Brain Tumor (Operation 1929)	
Attacks of Jacksonian Epilepsy	Unknown
	Since 1929
Other contributory causes of importance:	
Right hemiplegia	Jan 1933

Name of operation Removal brain tumor Date of Aug 1929

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Lewis M. D.

(Address) 11 East Chase St. Balto

M. D. B. 1268-9

E 88370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 88370

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 St Paul St. St. 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia C. Wright.

(a) Residence: No. 2023 St Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wright,

6. DATE OF BIRTH (month, day, year) Feb. 11. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	--	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER FATHER

13. NAME George Wolfe,

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Virginia C. Troxell,

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Miss Helen C. Wright
(Address) 2023 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date MAR 11 1933 19

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

9 FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 9 1933 19

22. I HEREBY CERTIFY, That I attended deceased from March 5 1933 to March 9 1933

I last saw her alive on March 9 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocardial failure	
Other contributory causes of importance:	
Chronic nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, how?

(Signed) H. Grunkemeyer M. D.

(Address) 1125 Druid Park

M. D. B. 1268-9

88371

HEALTH DEPARTMENT—CITY OF BALTIMORE

88371

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Lait

(a) Residence: No. 516 N. Belnord Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8 - 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4 yrs. 1	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex (State or country) Balto Co.

FATHER

13. NAME William Lait

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Bickling

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT William Lait

(Address) Montrose Ave. Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mch. 11, 1933

19. UNDERTAKER John S. Connelly

(Address) Essex, Md.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-1933

22. I HEREBY CERTIFY, That I attended deceased from March 8 1933 to March 9 1933

I last saw her alive on March 9 1933. Death is said to have occurred on the date stated above, at 1:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2 days
Cardiac Hypertrophy & Dilatation	?
Cardiac Insufficiency	2 days
Acute Nephritis	10 days
Other contributory causes of importance:	
Adhesive Pericarditis	?
Otitis Media	3 weeks

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Lopan M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88372

CERTIFICATE OF DEATH

E 88372

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 884 Booth St. 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Fray Brisco

(a) Residence: No. 884 Booth St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Brisco

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Westley Gray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Addie Bordley

(Address) 884 Booth St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/10/33 19

19. UNDERTAKER Robert Williams

(Address) 1513 McCulloh St

FILED 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 — 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) 2739 Eastern Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88373 E 88373

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 76-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew K. Blondheim

(a) Residence: No. 3406 Mt. Pleasant St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	3/13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jdhn Blondheim

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ella Hilditch

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT John Blondheim

(Address) 3406 Mt. Pleasant St

18. BURIAL, CREMATION, OR REMOVAL 3/11/33

Place Oakland Cem Date ..... 19...

19. UNDERTAKER George Rudy Inc

(Address) 1215 Hollins St

Huntington Palisade, N.J.

3. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Other contributory causes of importance: Scarlatina	???

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jos. H. Friedenwald M. D. Coroner

(Address) 1215 Hollins St

M. D. R. 1938-9

88374 E 88374

27632 ✓ 112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 25-06 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F Hillyer

(a) Residence: No. 516 Maud Ave St., ... Ward. Brooklyn Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, year) 12/13/01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as mill, mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William F Hillyer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sally Traus

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va. Via Old Bayline Date Mar 10, 1933

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED MAR 10 1933 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March - 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March - 6, 1933 to March - 8, 1933

I last saw him alive on March - 8, 1933. Death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	
Multiple bronchiectasis	

Other contributory causes of importance:

Pulmonary failure	

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Irving Bradley — M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

88375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 88375

44-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Ashry

(a) Residence: No. 4923 Pimlico Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Ashry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ann Rochlin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Ashry - Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Sinai Cem. Date 3-10-33 19..

19. UNDERTAKER Bank Bros Inc

(Address) 1434 E Fayette St

20. FILED MAR 10 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 1933 to March 9 1933. Death is said I last saw him alive on March 9 1933, at 6:30 P.m. to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week
Other contributory causes of importance: Chicken Pox	2 weeks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 88376 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88376

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E Oliver St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Anna Harmann

(a) Residence: No. 1714 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~
Female	White	Married

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John Harmann Sr

6. DATE OF BIRTH (month, day, year) Dec 21st 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick H Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Landsack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Anna E Harmann

(Address) 1714 E Oliver St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto Cemetery Date Sat Mar 11 1933

19. UNDERTAKER Geo J Schilling & Sons

(Address) Augusta & Appleman Sts

20. FILED Mar 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 1920 to March 9 1933

I last saw her alive on March 9 1933 Death is said to have occurred on the date stated above, at 1:15 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	3/26/33
Other contributory causes of importance: Cardio Vascular Disease	3 Yrs

Name of operation None Date of —

What test confirmed diagnosis? Physical Signs autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Standish McKelvey M. D.

(Address) 1609 Linden Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88377

E 88377

CERTIFICATE OF DEATH

REGISTERED NO. 93-003

1-PLACE OF DEATH Sidewalk in front of

City of Baltimore: (No. 3320 E. Fairmount Ave St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Brady

(a) RESIDENCE NO. 30 N. Lakewood Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Cathrin Brady

6 DATE OF BIRTH (month, day, and year) Nov. 17-1863

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Brady

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Bridget Hayes

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Harry T. Chase
(Address) 30 N. Lakewood.

15 Filed ..... 19..... Registrar

MAR 10 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(This man fell on street and died immediately)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/10 1933 (Address) 508 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemtry

DATE OF BURIAL Mar 11 1933

20 UNDERTAKER John A. Doran

ADDRESS 3000 E. Balto

important. See instructions on back of certificate.

Howell

E 88378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88378

CERTIFICATE OF DEATH

Registered No. V 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 937 Shields Place St. 17-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Howell Sr.
(a) Residence: No. 937 Shields Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte Va

FATHER

13. NAME William Howell.
14. BIRTHPLACE (city or town) (State or country) Charlotte Va

MOTHER

15. MAIDEN NAME Beatrice Cromwell
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Katie Bank.
(Address) 937 Shields Place

18. BURIAL, CREMATION, OR REMOVAL Va 3/10/33 19
Place Isaac Brown Date

19. UNDERTAKER Samuel T. Smith
(Address) 578 N. Eutaw St.

20. FILED MAR 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 — 9 — 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1933 to March 9th, 1933
I last saw h— alive on March 8, 1933. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis & Nephritis	Unknown

Other contributory causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? N.C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jas C. Carey, M. D.
(Address) 1133 Madison Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84-002

E 88379

CERTIFICATE OF DEATH

E 88379

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 E. Fort Ave ST., (WARD) 24-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David P. Crowley

(a) RESIDENCE NO. 316 Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Amanda Crowley

6 DATE OF BIRTH (month, day, and year): Dec. 17- 1878

7 AGE — Years: 54 | Months: 11 | Days: 22 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 831

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm Crowley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Wife 316 E. Fort Ave.

15 Filed MAR 10 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9-1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to March 9, 1933, that I last saw h[e] alive on March 8, 1933, and that death occurred, on the date stated above, at 9.9. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos. 1 hr

CONTRIBUTORY (Secondary): Coronary Thrm

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. F. Thebote, M. D.

3/9, 1933 Address 279 Williams

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Mar. 11- 1933.

UNDERTAKER: Margaret F. Flynn

ADDRESS: Hookey Md

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88380

CERTIFICATE OF DEATH

13 E 88380

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3701 Howard Park Ave (Ward) 24-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Boineman

(a) Residence: No. 3701 Howard Park Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Boneman

6. DATE OF BIRTH (month, day, year): May 30 1853

7. AGE: Years: 79 | Months: 9 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frances Dodey

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Wm H. O'Brien

(Address) 3701 Howard Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Nov. 11 1933

19. UNDERTAKER: Maguire & Flynn

(Address) 1422 Light St

Huntington Indiana

20. FILED: MAR 1 0 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/8/1933

22. I HEREBY CERTIFY, That I attended deceased from 10/26/1932 to 3/8/1933

I last saw h.. alive on 3/7/1933 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (myocardial insufficiency)	10/26/32
Cardiac dilatation	3/8/33

Other contributory causes of importance:

Chronic nephritis	
General arteriosclerosis	

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signature Geo. A. Santen M. D.

(Address) 1516 North Ave

M. D. B. 1268-9

E 88381

88381/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Ped. JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Radcliff

(a) Residence: No. 1639 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Penn. Ave

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Child

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2.	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Williams Radcliff

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Jackson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lafayette Cem. Date March 13 1933

19. UNDERTAKER Lee & Patterson.

(Address) Cumberland, Md.

20. FILED ..... 19..... Registrar

APR 10 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1933 to Mar. 8 1933

I last saw her alive on March 8 1933 Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	13 da.
Septicemia	1 da.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Blood Cult. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allan Ross M. D.

(Address) J. H. H.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 88382

B 88382

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Greenway St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Frederick Bauernschmidt

(a) Residence: No. 4405 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes A. Wehr

6. DATE OF BIRTH (month, day, year) Jan. 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Bauernschmidt

14. BIRTHPLACE (city or town) --------
(State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wiessner

16. BIRTHPLACE (city or town) --------
(State or country) Germany

17. INFORMANT Mrs. Agnes A. Bauernschmidt
(Address) 4405 Greenway, Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 3/11 19 33

19. UNDERTAKER Henry H. Myers & Son
(Address) 805 N. Calvert Street

20. FILED [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932 to March 8th 1933

I last saw him alive on March 8th 1933. Death is said to have occurred on the date stated above, at 7-15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	[illegible]
Coronary Thrombosis	[illegible]
Myocarditis	[illegible]
Bronchitis, Acute	[illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Gambrill Jr. M. D.

(Address)

M. D. B. 1268-9

E 88383

88383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 168

Registered No.

1. PLACE OF DEATH Union Memorial Hospital 12-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. John William Struven (Johanna Uebe Struven)

(a) Residence: No. 907 E. University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John William Struven

6. DATE OF BIRTH (month, day, year) Oct. 25 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Habelmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital (Record)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 3/13 19 33

19. UNDERTAKER Henry H. Myers & Son
(Address) 202 E. Fredrick St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5 1933 to March 9 1933

I last saw her alive on March 9 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Left Lower Lobe.	March 5 1933
" " " Right.	March 7 1933
(Pneumococcus)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Bl. Cult. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

M. D. B. 1268-9

E 88384

E 88384 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert McCreary McCray

(a) Residence: No. 831 Baer (Bare) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) ✓

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓ ✓				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Moriah Cem Date Mar 10, 1933

19. UNDERTAKER .....

(Address)

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to March 6, 1933

I last saw h.. alive on March 6, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (d)	2-27-33
Other contributory causes of importance:	
arteriosclerosis	?

Name of operation none Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) G. Tyson Moore, M. D.

(Address) University Hospital

AACo. 5-31 2508

E 88385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88385

CERTIFICATE OF DEATH

159

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gardner

(a) Residence: No. 546 N. Fairvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)

FATHER

13. NAME Rufus Gardner
14. BIRTHPLACE (city or town) Balto, Md.
(State or country)

MOTHER

15. MAIDEN NAME Edna Tutman
16. BIRTHPLACE (city or town) Balto, Md.
(State or country)

17. INFORMANT Mother
(Address) 546 N. Fairvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Balto Md Date March 1933

19. UNDERTAKER ...
(Address)

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5th, 1933 to March 6th, 1933
I last saw h[illegible] alive on March 6th 1933 death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (30 weeks)	3-5-33
Other contributory causes of importance:	
Immature atelectasis	
& pneumonia	

Name of operation ... Date of —
What test confirmed diagnosis? ... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

M. D. B. 1263-9

88386 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88386

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4915 Catalpha Rd St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Robinson

(a) Residence: No. 4915 Catalpha Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Robinson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Evelina Williams

(Address) 4915 Catalpha Rd

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cem Date 3-11 193

19. UNDERTAKER Leonard J Ruck

(Address) 5305 Harford Ave

20. FILED 19 Registrar.

191933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1933 to Mar 8 1933

I last saw her alive on Mar 8 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3/1/33
Other contributory causes of importance: myocarditis or Brochitis	indef indef

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herman A Voss M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

E 88387

88387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 106

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Waters

(a) Residence: No. 107 W Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Sing

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6 mos	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Waters

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Elizabeth Pound

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Elizabeth Waters

(Address) 107 W. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 10, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 8 ..... 10 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933, to 3-9, 1933

I last saw him alive on 3-9, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-1-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Jarrett M. D.

(Address) Provident Hospital

AACo. 5-31 250B

(Emma Harmon)

88388 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88388

CERTIFICATE OF DEATH

Registered No. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Stone House Cove St. 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Harmon

(a) Residence: No. Stone House Cove St., 25 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Harmon

6. DATE OF BIRTH (month, day, year) Jan 16 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER

13. NAME Mr Unnerwood

14. BIRTHPLACE (city or town) (State or country) England

FATHER

15. MAIDEN NAME Mr Unnerwood

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Jas. E. Harmon

(Address) Stone House Cove

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 11th 1933

19. UNDERTAKER Fred A. Feldmeier & Son

(Address) 163 S. Fremont Ave Huntington Terminal Bldg

Registrar.

20. FILED 11 01 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1933 to Nov. 9th, 1933

I last saw h— alive on 8/9/33 19... death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	
Other contributory causes of importance: Exhaustion	

Name of operation No Date of —

What test confirmed diagnosis? X Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathan A. Adelsberg M. D.

(Address) 1340 Eutaw

M. D. B. 1268-9

E 88389 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 108 E 88389

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4 N. Greene Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard McGee

(a) Residence: No. 644 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 1, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington, Kentucky

FATHER

13. NAME Wallace J. McGee

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

MOTHER

15. MAIDEN NAME Helen Miller

16. BIRTHPLACE (city or town) (State or country) Harrisonburg Virginia

17. INFORMANT Mrs. Wallace J. McGee
(Address) 644 W. Baltimore St,

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Cem. Date March 11 19 33

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

20. FILED 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3 19 33 to March 9 19 33

I last saw him alive on March 9 19 33. Death is said to have occurred on the date stated above, at 10.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left lower lobe)	

Other contributory causes of importance:

Bilateral Otitis Media	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John B. Deaver M. D.

(Address) University Hospital

M. D. B. 1268-9

E 88390 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 E 88390

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Calhoun St., 16-91 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Ann Coombs.

(a) Residence: No. 1108 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John M. Coombs

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Thomas

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT John M. Coombs
(Address) 1108 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Md Date Mar 10, 1933

19. UNDERTAKER
(Address)

10 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 — 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 3 Days — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88391

E 88391

CERTIFICATE OF DEATH

93-003 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N.Bruce St. ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Davis.(C)

(a) RESIDENCE NO 113 N.Bruce St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXXXXX Elizabeth Davis.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Porter.
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Elizabeth Davis.(C) wife.

(Address) 113 N.Bruce St.

15 Filed 2-28 1933 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.
Chronic Myocarditis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

2/28/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Mar 10 19 33

ADDRESS

20 UNDERTAKER

Commissioner of Health.

IF INFORMATION IS VERY IMPORTANT. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 88392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88392

CERTIFICATE OF DEATH

REGISTERED NO. V 93-063

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Stockton St. ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Golden. (C)

(a) RESIDENCE NO 120 S. Stockton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Golden. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Mary Dorsey. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys Co. Md

14 Informant Mary Dorsey. (C) mother.

(Address) 120 S. Stockton St.

15 FILED 10 1933 16 Huntington Williams N.R. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 27, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Reinhardt, M. D. Coroner

2/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Mar 10 19 33

20 UNDERTAKER [illegible]

ADDRESS

IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-0

88393

HEALTH DEPARTMENT—CITY OF BALTIMORE

88393

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S Bond St. St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kuc

(a) Residence: No. 800 S Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24 - 1920

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
12	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Kuc

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Szymanski

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Kuc Mother (Address) 800 S Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date March 11 19 33

19. UNDERTAKER J W Ozzynski (Address) 1930 E Eastern Ave

20. FILED 19 Registrar.

101933

R.P.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1933 to March 1933

I last saw h. alive on March 8, 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Fibroma Mitral Insufficiency - Decompensation	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Hemsworth, M. D.

3/9/33 (Address) 2579 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88394

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Pal

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Carl~~ Coulter Hoorman

(a) Residence: No. 835 Hamilton Terrade St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Lynchburg
(State or country) Virginia

FATHER

13. NAME Michael Hoorman

14. BIRTHPLACE (city or town) Lynchburg
(State or country) Virginia

MOTHER

15. MAIDEN NAME Ida Price

16. BIRTHPLACE (city or town) Lynchburg
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg Va Date March 1933

19. UNDERTAKER John C. Miller
(Address) 2455 Lafayette St Huntington Williams, W. Va.

20. FILED 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1932 to March 8, 1933

I last saw him alive on March 8, 1933 Death is said to have occurred on the date stated above, at 12.20 m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932
Tuberculous laryngitis	Dec. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Braun M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88396 Ped. 1933 — E 88395

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Jones

(a) Residence: No. 308 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	10	5	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Louis Jones
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Ida Brown
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date March 11. 1933

19. UNDERTAKER Edw. B. Fayz
(Address) 1431 Orleans St

20. FILED 10 1933 Huntington Perkins, Registrar.
R. C. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1933 to March 8 1933
I last saw her alive on March 8 1933 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	appx 11-24-32
Tuberculous meningitis	2-20-33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) John Dewey Long M. D.
(Address) Johns Hopkins Hosp. Balto.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88396 E 88396

Registered No. 93 [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 Parkin St. St. 15-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 29 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Julia Akelaitis, Mrs.

(a) Residence: No. 111 Parkin St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mike Akelaitis

6. DATE OF BIRTH (month, day, year) Aug 24 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kovnos Lithuania

FATHER

13. NAME Gaspetas

14. BIRTHPLACE (city or town) (State or country) Kovnos Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles F Akelaitis
(Address) 111 Parkin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 11 1933

19. UNDERTAKER Charles B Buchanan Sons
(Address) 69 S Bond St Thompson Funeral Home

20. FILED 3-11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/ . 1933 . to 3/9/33 . 19 .....

I last saw h.. alive on 3/9/33 . 19 ..... Death is said to have occurred on the date stated above, at 7.15 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard J. Terry . M. D.

(Address) 910 W Lombard

AACo. 5-31 250B

88397 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92 E 88397

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Bradford st St., 7 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Matousek.

(a) Residence: No. 805 N. Bradford st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 64	3 -	17 - 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work at Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Frank Matousek.

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME not known.

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT John Matousek.
(Address) 723 north Montford ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cemetery Date March. 14, 1933

19. UNDERTAKER August Pesek.
(Address) 240 E. Oakland ave.

20. FILED 1 01933 Registrar

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1933 to Mar. 10, 1933
I last saw her alive on Mar. 10, 1933 death is said to have occurred on the date stated above, at 9.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	?

Other contributory causes of importance:

Acute Dilatation of Heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Vincent V. Dostka, M. D.

(Address) 845 N. Patterson Park Ave

M. D. B. 1268-9

88398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88398

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Alperin

(a) Residence: No. Howard Ave St., Ward Gilberton-Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 28-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Isaac Alperin

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Jennie Cohen

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Female

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Shenton Rd Date 3/10/33

19. UNDERTAKER Joseph Ahrens

(Address) 320 Runnymede Ave Huntington Station, N.Y.

20. FILED 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-22-1933 to 3-10-1933

I last saw her alive on 3-10-1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic ulcerative (non-specific) Colitis — Date of onset June 1928?

Other contributory causes of importance: Post-operative peritonitis — Post-op. 3/3/33?

Name of operation Ileo-sigmoidostomy Date of 3/1/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zeder, M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 88399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88399

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Newland Road St. 12 WARD)

2-FULL NAME Willis E Myers

(a) RESIDENCE No. 3523 Newland Road St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs mos ds. How Long in U. S., if of foreign birth? yrs mes. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single~~, Married, ~~Widowed, or Divorced, (write~~ the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Holmes Myers

6 DATE OF BIRTH (month, day, and year) June 17 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work attorney at law

(b) General nature of industry, business, or establishment in which employed (or employer) 1042

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Waterford Va

PARENTS

10 NAME OF FATHER Alfred B Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs Willis E Myers. 3523 Newland Road

15 [illegible] 1933. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9-1933

17 I HEREBY CERTIFY. That I attended deceased from Feb-15 1933 to Mch-9 1933

that I last saw him alive on Mch 9 1933

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Marion Lee Shook M. D.

3-10 1933 (Address) 2006 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL Mar 13 1933

20 UNDERTAKER Eastham & Poe

ADDRESS 2234 Charles St

THIS IS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 88400

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 88400

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5400 Hamlet Av ST., 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Harrison

(a) RESIDENCE NO. 5400 Hamlet Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly E. Harrison

6 DATE OF BIRTH (month, day, and year) Sept. 13-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	5	26 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Store 166

(c) Name of employer Jos E Crane

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John W. Harrison

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Lilly E. Harrison

(Address) 5400 Hamlet Av

15 Filed ....., 19.... Registrar

1 01933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 9. 1933

17 I HEREBY CERTIFY, That I attended deceased from Mch 1, 1931, to Mch 9, 1933, that I last saw h[illegible] alive on Feb. 24, 1933 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation Heart.

(duration) 2 hrs yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. 8 ds.

18 Where was disease contracted ✓ If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Thos J a Stevens, M. D.

3-9, 1933 (Address) 2818 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 3/11/1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St.

M. D. B. 1268-9

88401

HEALTH DEPARTMENT—CITY OF BALTIMORE

88401

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Dumbarton Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Mae Worden

(a) Residence: No. 617 Dumbarton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Charles P. Worden

6. DATE OF BIRTH (month, day, year) May 12th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME James R. Cross

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

MOTHER

15. MAIDEN NAME Mary C. Nicoll

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. O. Worden

(Address) Md Ave Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 3/10/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED [illegible] Registrar.

R 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from November 21 1931 to March 9 1933

I last saw her alive on March 9 1933. Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis -	1925
Other contributory causes of importance:	
Cerebral Hemorrhage	1933

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John L Finley M. D.

(Address) 3522 Greenmount Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200-9

E 88402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 88402

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Home & Hospital 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Bakie

(a) Residence: No. Greenmount near 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Sarah Bakie

6. DATE OF BIRTH (month, day, year) July 18th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Bakie

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Sarah Corbin

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Ida A. Whaley

(Address) Southern Home & Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Church Long Green Date 3/13/1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 101933 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 32, to Mar 9 -, 1933

I last saw him alive on Mar 9 1933. Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Interstitial Nephritis	one yr
Other contributory causes of importance: Bronchial Pneumonia	2 da

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hobart Keen, M. D.

(Address) 5600 York Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Alves ✓

88403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88403

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4514 Asbury Ave. St. 26-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecelia V. Alves

(a) Residence: No. 4514 Asbury Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Guy V. Alves
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Guy V. Alves
(Address) 4514 Asbury Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date March 15, 19 33

19. UNDERTAKER Harry A. Reitzel
(Address) Huntington Terrace, Md.

20. 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 9, 1933

I last saw her alive on March 9, 1933 Death is said to have occurred on the date stated above, at 2:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	3/7/33.
Other contributory causes of importance: Bronch. Pneumonia	3/1/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. Harding, M. D.
(Address) 4810 Belair Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88404

HEALTH DEPARTMENT—CITY OF BALTIMORE

88404

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Garrison Blvd Ward 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Kuenne

(a) Residence: No. 3704 Garrison Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Florence Wan Kuenne

6. DATE OF BIRTH (month, day, year) July 24 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	70	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Florence Kuenne

(Address) 3704 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 4, 1933

19. UNDERTAKER Wm J Tschiesche Sons

(Address) West & Pratt

20. Date Received 1933 Hunter Williams, M.D., Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933 to March 8 1933

I last saw h alive on March 8 1933. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 26/33

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Truman Greene M. D.

(Address) 1900 Eastern Ave.

M. D. F. 1268-0

88405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 88405

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4120 Belle Ave St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Carolyn A. Whaley

(a) Residence: No. 4120 Belle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward M. Whaley Jr.

6. DATE OF BIRTH (month, day, year): Apr. 3 1898

7. AGE: Years 34 | Months 11 | Days 7 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: V037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Charles Dankmeyer

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Caroline Olle

16. BIRTHPLACE (city or town) (State or country): Catonsville Md

17. INFORMANT: Mr. Edw. M. Whaley Jr.
(Address) 4120 Belle ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: May 13 1933

19. UNDERTAKER: Chas. J. Keyser Sons
(Address) Monroe & Fayette

20. FILED: 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 2 1933 to Mch 10 1933

I last saw h— alive on Mch 8, 1933 Death is said to have occurred on the date stated above, at 6.12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mch 1st

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. C. Gumm, M. D.

(Address) 4309 Liberty Hgts

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88406 131 E 88406

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Haywood St. 27-81 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie D. Gibson

(a) Residence: No. 3915 Haywood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geo. F. Gibson Jr

6. DATE OF BIRTH (month, day, year) July 15-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Alfonso Swartz

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Alice Preston

16. BIRTHPLACE (city or town) (State or country) Harford Co.

17. INFORMANT Geo F. Gibson Jr

(Address) 3915 Haywood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hamd. Rdge Date Mar 9 1933

19. UNDERTAKER J. S. Marshall

(Address) 3531 Eastern Ave

20. FILED ... 19... Registrar.

111933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, 19..., to March 9, 1933

I last saw h[illegible] alive on March 8 1933 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	
Arterio Sclerosis	
Myocarditis	
High Blood Pressure	

Other contributory causes of importance:

Name of operation No Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. F. Turner, M. D.

(Address) 350 Garrison Blvd.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS on BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88407

CERTIFICATE OF DEATH

46 E 88407

1. PLACE OF DEATH Union Memorial Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-01 St. Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Young.

(a) Residence: No. Chatham St., Ward. New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 17, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Florist Assn.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ames Knight

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Elizabeth Hart

(Address) Chatham N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place Newark N. J. Date 3/11/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 11 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1932 to Mar. 10, 1933

I last saw him alive on Mar. 10, 1933 Death is said to have occurred on the date stated above, at 10:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	

Other contributory causes of importance:

Name of operation Laparotomy Date of 11/2/32

What test confirmed diagnosis? Operation. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) S. Burdas M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88408

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 509 S-Chester Street St., 1-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Michael Łątkowski

(a) Residence: No. 509 S-Chester Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Late Susanne Latkowski

6. DATE OF BIRTH (month, day, year) March 10/1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ov

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rose Latkowski (Daughter)
(Address) 509 S-Chester Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date March 14/ 1933

19. UNDERTAKER George A. Weber
(Address) 301 S Ann Street

20. FILED 3-11 1933, 19..... [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933 to March 10, 1933

I last saw h[illegible] alive on March 10, 1933 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Cystitis Senilis	
La Grippe	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Kaminski M. D.

3/10/33 (Address) 3029 Eastern Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88409 E 88409

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH Baltimore City Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md 3-10-33 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Spillman

(a) Residence: No. 1219 Jewell St St., Ward.

(Usual place of abode Carroll) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W —

6. DATE OF BIRTH (month, day, year) 8-5-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo Norton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 13 1933

19. UNDERTAKER Jos Sparrow's Son

(Address) 2173 Pacas

19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1932 to 3-10 1933

I last saw her alive on 3-10 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-7-33
Other contributory causes of importance: Diabetes mellitus	3-1-28

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-10-33 (Signed) Elmer Steinberg M. D.

(Address) Balto. City Hospitals

1 1933

RHH

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88410 E 88410

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 806 N. Parrish St. 16-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Hill
(a) Residence: No. 806 N. Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Cook
5. Single, Married, Widowed, or Divorced (Write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Dec 30-1862
7. AGE: Years 60 Months 2 Days 9 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Joe. Geyer.
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Maria Bowen
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: John B. Hill
(Address): 806 N. Parrish

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: Mar 13, 1933

19. UNDERTAKER: Thomas E. Kelson
(Address): 1303 Pressman st.

20. FILED ... 19... Registrar.
11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on Thursday 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
3 months

Date of onset

Other contributory causes of importance:

Name of operation: None Date of: No
What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. C. Luck Coroner M. D.
(Address) Catonsville

M. D. B. 1268-9

88411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88411

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1366 N. Stockton (Street) 15-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter John Young.

(a) Residence: No. 1366 N. Stockton (Street) Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Young.

6. DATE OF BIRTH (month, day, year): Oct 15 1881

7. AGE: Years 51 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): Work

11. Total time (years) spent at this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Young

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Virginia Young.

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

17. INFORMANT (Address): Lula Young 1366 N. Stockton

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemty Date: Mar 11 1933

19. UNDERTAKER (Address): Thomas E. Kelson 1303 Presstman st

20. FILED: 11 1933 Thomas E. Kelson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis — Sudden

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

M. D. B. 1268-9

88412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88412

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Chestnut Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan D. Smith

(a) Residence: No. 3429 Chestnut Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Smith

6. DATE OF BIRTH (month, day, year) Nov. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wm. Hunt

14. BIRTHPLACE (city or town) ..... (State or country) Va.

MOTHER

15. MAIDEN NAME Susan Dickey

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Dr. Wm. H. Smith
(Address) 3429 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy. 4/12/33 19

19. UNDERTAKER Wm. C. Mitchell & Son's
(Address) 1900 Eutaw Place

20. FILED APR 11 1933 Huston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933 to March 9, 1933

I last saw her alive on March 7, 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho-Pneumonia	

Other contributory causes of importance: Myocardial degeneration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John C. Peggy M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88413

CERTIFICATE OF DEATH

131 E 88413

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. 17 S Calhoun St., 14-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Brooks

(a) Residence: No. 17 S Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S Brooks

6. DATE OF BIRTH (month, day, year) Jan 3-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James S Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ellen Squires

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Robert L Brooks
(Address) 17 S Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mch 11, 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1700 Eutaw Place
Huntington Terrace, N.W.

20. FILED 11933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1933, to Mch 8, 1933

I last saw h[illegible] alive on Mch 8, 1933 death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coloma of Lung	
Other contributory causes of importance: Acute Dilatation of Heart	Over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallace A Ey, M. D.

(Address) 537 Westwood Parkway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88414 E 88414

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 E Clinton St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Heinel

(a) Residence: No. 1001 S Bayliss St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Heinel

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Heinel
(Address) 1001 S Bayliss St

18. BURIAL, CREMATION, OR REMOVAL.
Place Cahill Date March 13 1933

19. UNDERTAKER John H Puda
(Address) 501 Hudson St.

20. FILED MAR 11 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1305 N Patterson Park Ave

Form 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88415

CERTIFICATE OF DEATH.

E 88415

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1213 Myrtle ave (St.) 17-01 (Ward)

2-FULL NAME Ella K. Brisco

(a) RESIDENCE. No. 1213 Myrtle ave St.. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Brisco

6 DATE OF BIRTH (month, day, and year): [illegible] 1869

7 AGE: Years 42 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: [illegible] Kinnard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER: Jane Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Eliz Wyatt 1213 Myrtle ave

15 1 1 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-8- 1933

17 I HEREBY CERTIFY, That I attended deceased from 2-28 1933 to 3-8- 1933

that I last saw her alive on 3-8-33 1933

and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

8 days
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Grip
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H K Corscadden M. D.

3-11 1933 (Address) 119 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: 3/11/33 19

20 UNDERTAKER: Samuel T. Hemsley

ADDRESS 578 N Bridle

TION is very important. See instructions on back of certificates.

M. D. B. 1268-6

88416 HEALTH DEPARTMENT—CITY OF BALTIMORE 88416

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 34

CITY OF BALTIMORE: (No. Balto. Md St. 19-d Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Patterson

(a) Residence: No. 1110 Kelly St Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Patterson

6. DATE OF BIRTH (month, day, year) 10-20-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	- 4	- 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 023

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co, Md

FATHER

13. NAME Howard —

14. BIRTHPLACE (city or town) (State or country) Hampstead Md

MOTHER

15. MAIDEN NAME Allie Wooley

16. BIRTHPLACE (city or town) (State or country) Hampstead, Md

17. INFORMANT Record Balto. City (Address) Hospitals.

18. BURIAL, CREMATION, OR REMOVAL Place St Marys Cem Hampstead Date Mar. 13/1933

19. UNDERTAKER Walter Davis (Address) 134 N Eutaw Ave

20. FILED 1933 by Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-33

22. I HEREBY CERTIFY, That I attended deceased from 3-5-33 to 3-10-33

I last saw h[illegible] alive on 3-10-33. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis left middle cerebral artery	3-1-33
	one
Other contributory causes of importance: Bronchopneumonia	3-6-33
arteriosclerosis	;

Name of operation none Date of no

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

3-10-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88417

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 E. Barney St. 23-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella E. Zimmerman

(a) Residence: No. 26 E. Barney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles N. Zimmeran

6. DATE OF BIRTH (month, day, year) Dec 14 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER

13. NAME Lawrence O' Connor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ella Callahan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr/ Zimmerman
(Address) 26 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/13, 1933

19. UNDERTAKER I. F. McCully
(Address) 130 E. Fayette

20. FILED ..... 19..... Registrar.

1/14/1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1933 to March 10, 1933

I last saw h[illegible] alive on March 9, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch. Pneumonia	2 wks.
Other contributory causes of importance:	
Edema Glottis - Acute	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. J. Whelan M. D.

(Address) 279 William St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88418

E 88418

CERTIFICATE OF DEATH.

56

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 2112 McCulloh ST. (WARD) 14-01

2-FULL NAME Thomas Wesley Lane

(a) RESIDENCE NO. 2112 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Widower

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor 016

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Lane Md.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Martha Compton Md.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Cora I. Purvey (Address) 2112 McCulloh St.

Filed 11 1933 . 19 NAH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1933

17 I HEREBY CERTIFY, That I attended deceased from June 1 — 1933, to July 10 — 1933, that I last saw him alive on March 9 — 1933, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows: Acute Arthritis Rheumatism

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Coleman, M. D.

(Address) 2039 McCulloh 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL March 10 1933

ADDRESS

20 UNDERTAKER Archibald A. Laddis 2015 McCulloh

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

88419 HEALTH DEPARTMENT—CITY OF BALTIMORE 88419

CERTIFICATE OF DEATH.

23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1213 E. Lexington ST. 5-01 WARD)

2. FULL NAME Bertha Jackson

(a) RESIDENCE No. 1213 E. Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced
BUSBAND of (or) WIFE of Benjamin Jackson

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) White Hall Co. Md

PARENTS

10 NAME OF FATHER Joshua Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estella Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Benjamin Jackson
(Address) 1213 E. Lexington st

Filed 11 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9-33

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1933 to May 9 1933

that I last saw h[illegible] alive on May 9 1933

and that death occurred, on the date stated above, at 4 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia
Lobar

(duration) yrs. mos 1 2 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [signature] M. D.

5-9 1933 (Address) 507 Augusta

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem.

DATE OF BURIAL 5-13 1933

20 UNDERTAKER Byrom & Mamie W. Wright

ADDRESS 1218 McCulloh St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88420 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88420

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 812 Madison Ave (Ward) 14-01

Length of residence in city ~~or town~~ where death occurred ~~19~~ yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Matthews

(a) Residence: No. 812 Madison Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 29-1902

7. AGE: Years 30 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min. 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambridge Va

FATHER

13. NAME: David Blackwell

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Fannie Maddox

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Geo Matthews

(Address): 812 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Blackstone Va Date: March 11 1933

19. UNDERTAKER: Whitehead & Liddis

(Address): 410 McCulloh St

20. FILED: 11 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on February, and death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Relapse 3 days

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

E 88421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88421

CERTIFICATE OF DEATH.

110

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 E. Madison St. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Thomas

(a) RESIDENCE NO. 911 E. Madison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adella Thomas

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arundel Co Md

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Adella Thomas

(Address) 911 E. Madison St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1933.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1933, to March 9, 1933

that I last saw him alive on March 8, 1933

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Pleurisy

(duration) yrs. ... mos. 19 ds.

CONTRIBUTORY (Secondary) Laryngitis and Exposure (duration) yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? 911 E. Madison St

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis? Physical Exam.

(Signed) W. H. Montague M. D.

, 19 (Address) 1920 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 3-12 1933

20 UNDERTAKER Byron & Manio W. Wright 1218 N. Eden

ADDRESS

TION is very important. See instructions on back of certificates.

M. D. R. 12683

88422 53

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88422

CERTIFICATE OF DEATH

54-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. (Ward) 27-ed

Length of residence in city or town where death occurred 1 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Fields

(a) Residence: No. 437 Schwarz ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos

6. DATE OF BIRTH (month, day, year) 9-19-99

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	34	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N W 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Galdust Hinton

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Martha Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest cem Date 3-13 1933

19. UNDERTAKER Byrom & Dennis H. Wright
(Address) 128 McElderry St

20. FILED MAR 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to March 10 1933

I last saw h[illegible] alive on March 10 1933 Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombophlebitis of [illegible] femoral & iliac veins	
Thrombophlebitis of pelvic veins femoral veins, tibial veins case.	1/24/33
Other contributory causes of importance Multiple lung abscesses	

Name of operation Hysterectomy & appendectomy Date of 1/13/33

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. R. Brawner Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88423

CERTIFICATE OF DEATH

E 88423

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Anna Daugherty

(a) Residence: No. 1704 Crystal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Daugherty

6. DATE OF BIRTH (month, day, year) Aug 6/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	71	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Sinnott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME McGuire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael J. Daugherty
(Address) 1704 Crystal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Made 1933

19. UNDERTAKER Cuskey Funeral Home
(Address) 2026 North Charles St

20. FILED 1933 Huntington Portables, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10/38

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance:

Hypertension-Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.
Coroner

(Address) 5086 Hamilton

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 88424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88424

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 429 Tyson ST., 4-01 WARD)

2-FULL NAME Osceanna Hamilton

(a) RESIDENCE NO. 429 Tyson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilley Hamilton

6 DATE OF BIRTH (month, day, and year) ? 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Gen

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Steven Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Geo. H. Holland

(Address) 1631 Druid Hill

15 Filed MAR 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, to March 9, 1933, that I last saw h(e)(r) alive on March 9, 1933, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension Cardiac

Pneumonia Terminal

Arteriosclerosis Cardiac Decompensation

(duration) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path

(Signed) Geo. H. Donald, M. D.

, 19 (Address) 1902 W Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/11/ 19 33

20 UNDERTAKER Mrs Geo. H. Holland

ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

ROOTS

E 88425 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88425

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 14-21 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Goldie Bland Root

(a) Residence: No. 541 Blum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Root

6. DATE OF BIRTH (month, day, year) ? 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME W Reed

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME W Reed

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joshua Root

(Address) 541 Blum Street

18. BURIAL, CREMATION, OR REMOVAL

Place Lewis Va Date 3/14/33

19. UNDERTAKER Mrs. Geo. E. Holland

(Address) 1631 Druid Hill Ave

20. FILED MAR 11 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1933 to 3-9 1933

I last saw h[illegible] alive on 3-9 1933. Death is said to have occurred on the date stated above, at 3:38 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-1-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B F Harris M. D.

(Address) Provident Hospital

A&Co. 5-31 250B

E 88426 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88426

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. 844 Harlem Ave St. 16-01 Ward)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Z. Fleming

(a) Residence: No. 844 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Fleming

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabell Dickerson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha R. Fleming

(Address) 844 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Date Mch 12 1933

19. UNDERTAKER Sam'l H. Chase & Son

(Address) 638 N. Fulton Ave

20. FILED ... 19...

Registrar.

R 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7 1933 to March 9 1933

I last saw her alive on March 9 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 7 1933
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88427

CERTIFICATE OF DEATH

E 88427

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Tyson St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Gales Franklin

(a) Residence: No. 902 Tyson St Ward.

(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 12-20

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of George Franklin

6. DATE OF BIRTH (month, day, year) April - 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22 23	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Yates

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George Franklin (Address) 902 Tyson St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 3-10-33

19. UNDERTAKER Dennis Easton (Address) 916 Pennsylvania

20. FILED ... 19... Register No. ...

MAR 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to March 8 1933

Last saw h[illegible] alive on March 8 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3/3/1933

Other contributory causes of importance: Pleurisy Acute — Date of onset Jan 1933

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Beagle M. D.

(Address) 1 W Saratoga

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88428 E 88428

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Woodington Rd 16th Ward) Registered No. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H Burns

(a) Residence: No. 718 Woodington Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F.

6. DATE OF BIRTH (month, day, year) May 30 1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56	9 8	2 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John J Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Starks

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Burns
(Address) 718 Woodington Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 13 1933

19. UNDERTAKER Martin W. E. Duppel Inc.
(Address) 37 E Ann St

20. FILED MAR 11 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1933 to Mar 9 1933

I last saw h... alive on Mar 9 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/2/33
Contributory causes of importance:	
Carbon Monoxide Poisoning	3/8/33
Delirium Tremens	3/9/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James L Kolb M. D.
(Address) 721 Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88429

E 88429.

CERTIFICATE OF DEATH

92-061

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Patterson Park Ave. St., 1-61 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHANNA FRIESE

(a) Residence: No. 218 S. Patterson Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Friese

6. DATE OF BIRTH (month, day, year) May 15, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Catherine Friese (Daughter)
(Address) 218 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Mar. 11, 1933

19. UNDERTAKER Henry Sapper & Sons, Inc. Geo. F. Harder
(Address) Baltimore & Broadway

20. FILED MAR 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6" 1933 to March 9" 1933

I last saw h.. alive on March 9" 1933. Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral + Aortic Insufficiency	1 year
Break in Compensation	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Caleb N Athey M. D.

(Address) 100 S Patterson Park ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 88430

REGISTERED NO. V 159 E 88430

E 88430

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Volunteer Hospital WARD 5-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ball

(a) RESIDENCE NO. 708 Chiswell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-10-33

7 AGE	Years	Months	Days	If LESS than 1 day 2 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Lawrence E. Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elsie S Lippford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Elsie Ball 708 Chiswell St.

15 MAR 11 1933 (Date received) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11 1933

17 I HEREBY CERTIFY, That I attended deceased from 3-10, 1933, to 3-11, 1933, that I last saw h live on 3-10, 1933 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. F. Corey, M. D.

3-11 1933 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mar 11 1933

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

Commissioner of Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88431

CERTIFICATE OF DEATH

P.E.O.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-61 Ward) 154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Edwards

(a) Residence: No. 1029 McKean Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/5/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	2 11 weeks	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Vernon Edwards

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Ethel Patton

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. Med College Date March 1933

19. UNDERTAKER .....

(Address) .....

20. FILED Huntington Williams, M.D. Registrar.

1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1932 to 3-3- 1933

I last saw him alive on 3-3- 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Abram Rosenman M. D.

(Address) J. H. H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. [illegible] B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88432

CERTIFICATE OF DEATH

93 E 88432

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Gwynn St. 28-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mackall Osborn

(a) Residence: No. 5511 Gwynn Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan Rebecca

6. DATE OF BIRTH (month, day, year): Apr 15 1863

7. AGE: Years 64 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): Retired 10 yrs

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Catrit Co Md

FATHER

13. NAME: John F Osborn

14. BIRTHPLACE (city or town) (State or country): [illegible] Md

MOTHER

15. MAIDEN NAME: Susan R. Crabtree

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mary A Emick 5511 Gwynn Oak

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar. 13. 1933

19. UNDERTAKER (Address): Josiah Dyer 1610 W. Baltimore

20. FILED ... 19 ... Registrar.

MAR 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F Emick M. D.
Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88433 037 E 88433 23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. (Ward) 13-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon Reddicks

(a) Residence: No. 2573 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-30-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas Reddicks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edith Coles

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date May 11 1933

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MAY 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to March 2, 1933

I last saw him alive on March 2, 1933 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88434 E 88434

CERTIFICATE OF DEATH

Registered No. 15-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie May Eagan

(a) Residence: No. 1622 E. Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/27/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	4 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elsdon Eagan

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date March 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

For Wm. S. Wedbace

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28-1933 to 3-1-1933

I last saw her alive on 3-1-1933 Death is said to have occurred on the date stated above, at 6:5 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Struma Congenita
(Congenital Goiter)

Other contributory causes of importance:

Asphyxia

Name of operation Section of Isthmus of Thyroid Date of 3/1/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88435

E 88435

CERTIFICATE OF DEATH

REGISTERED NO. 131

1—PLACE OF DEATH 1301 W. Gilmore street

CITY OF BALTIMORE: (No. ..... ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Brown

(a) RESIDENCE NO. 1301 W. Gilmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	A. A.	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marcellus Brown

6 DATE OF BIRTH (month, day, and year) 5/11878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1878	54	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Maryland

PARENTS

10 NAME OF FATHER William Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Mary Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

14 Informant Edward Brown

(Address) 5-17 N. Lanvale av

15 Filed Huntington Williams, M.D. Registrar

R 11 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/33

17 I HEREBY CERTIFY, That I attended deceased from 3/8/, 1933, to 3/10, 1933

that I last saw her alive on 3/10, 1933

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

19 (Address) 632 Baker st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL March 15 1933

20 UNDERTAKER John H. Conners

ADDRESS 533 Dallas

important. See instructions on back of certificates.

M. D. B. 1268-9

E 88436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88436

1. PLACE OF DEATH Maryland General Hospital — Registered No. 97

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Adelaide N. White

(a) Residence: No. 502 E. 42nd St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A

6. DATE OF BIRTH (month, day, year) Oct 21, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgetown, D.C.

FATHER

13. NAME Jonah D. Hoover

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Angelica P. Hoover

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Hospital Records (Address) Md. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mar 13 1933

19. UNDERTAKER J. Vernon Steiner (Address) 1532 Eutaw St

L. ..... 19 ..... Registrar.

AR 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933 to 3-10, 1933

I last saw h. alive on 3-10, 1933 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular Hypertension	?

Other contributory causes of importance:

Pulmonary Embolism	3-10

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ..., state .....

(Signed) ..... M. D.

(Address) ..... Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 88437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88437

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hazel Thomas

(a) Residence: No. 1207 W Baltimore St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Hazel Thomas

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Henrietta?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Helen E Harmon

(Address) 1911 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date March 12, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... Registrar.

R 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933 to 3-9, 1933

I last saw him alive on 3-9, 1933 Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophic Prostatism	—
Acute Retention	3-1-33
Post operative shock	3-8-33
Myocardial failure	3-9-33

Other contributory causes of importance:

Arterio Sclerosis

Hypertension

Name of operation Prostatectomy (Suprapubic) Date of 3-8-33

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Thomas Jr M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88438

88438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ellen Dunn

(a) Residence: No. 835 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dunn

6. DATE OF BIRTH (month, day, year) March 10, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jeremiah Callahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Horigan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar. 14, 1933

19. UNDERTAKER Elmer W. Coulbourn
(Address) 524 Eager St.

20. FILED Huntingtown Calvert Co. Md. Registrar.

MAR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933 to March 11, 1933

I last saw h[illegible] alive on March 11, 1933. Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular	
Disease	?
Cerebral Hemorrhage	2 hours

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Burns Jr. M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 88439

M. D. R. 1284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88439

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Huntingdon Ave) (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. 17-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Collett

(a) Residence: No. 2920 Huntingdon Ave St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel W. Collett

6. DATE OF BIRTH (month, day, year) Nov 4, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Nicholas Collett

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth Cross

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Ethel W. Collett

(Address) 2920 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date March 13 1933

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave

20. FILED MAR 14 1933 Huntington Williams N.R Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to Mar 10, 1933

I last saw h. alive on Mar 10, 1933 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	3/9/33
Other contributory causes of importance:	
Arterio Sclerosis	3 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur H. Dr. M. D.

(Address) 2020 N. Charles

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 88440 72

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88440

CERTIFICATE OF DEATH

V 23

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nicholas Fiedler

(a) Residence: No. 3310 Rueckert Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie

6. DATE OF BIRTH (month, day, year): April 29 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sausage maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Anton Fiedler

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Elis Muszkowski

16. BIRTHPLACE (city or town) (State or country): Hung

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem Date: March 10, 1933

19. UNDERTAKER: Charles F. Sturm
(Address): 1501 E Fort Ave

20. FILED ..... 19.. ..... Registrar.

MAR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to March 10, 1933

I last saw h. alive on March 10 1933. Death is said to have occurred on the date stated above, at 1 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (type ?)	3/2/1933
Myocardial degeneration	3/5/33
Septicemia - Pneumococcus IV (300 col/cc)	
Other contributory causes of importance:	
Pulmonary tuberculosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. McCrae M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88441 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88441

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roslyn Siegel

(a) Residence: No. 2608 Loyola Southway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Siegel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Goelman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Blvd Date March 12, 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1172 E Balto St

20. FILED MAR 12 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7 1933 to March 10 1933

I last saw her alive on March 10 1933 Death is said to have occurred on the date stated above, at 8:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	3/7
Pneumonia (L Bronchial)	3/10

Other contributory causes of importance:

Pharyngitis	3/4-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Bentley Jr. M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1266-9

88442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Orleans St., 6-01 Ward)

Registered No. 109

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Brown

(a) Residence: No. 1817 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earnest Brown

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bristol, Va.

FATHER

13. NAME Albert Chaney

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary -------

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Earnest Brown 1817 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cem Date 3-13 1933

19. UNDERTAKER Bryant Manigault Wright
(Address) 1218 N. Eden Park St

20. FILED MAR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure probably due to Pneumonia	

Other contributory causes of importance:

8 Mons pregnant

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Bauns M. D.
Coroner

(Address) 506 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88443

CERTIFICATE OF DEATH

66-001

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ella Mellema

(a) Residence: No. 2539 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis E. Mellema

6. DATE OF BIRTH (month, day, year) June 16 80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52 53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. Simpson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME — Easton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm Edgar Mellema

(Address) 2539 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL Oakland Md. Date Mar. 14 1933

19. UNDERTAKER Rice & Son Inc.

(Address) Sykesville, Md.

20. FILED MAR 12 1933 19 Huntington Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2 1933 to March 11 1933

I last saw h.r alive on March 11, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured collapse	
Other contributory causes of importance:	
Chronic myocarditis	6 Mo.
Colloid goiter	2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. S. Jones M. D.

(Address) St Agnes Hosp

Information should be carefully supplied. All items must be answered. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88444

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME George C. Lilly

(a) Residence: No. 1708 Park Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Margaret Rankin

6. DATE OF BIRTH (month, day, year) Mar. 17, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	11	21 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Life Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --- Pennsylvania

FATHER

13. NAME Harry J. Lilly

14. BIRTHPLACE (city or town) (State or country) --- Pennsylvania

MOTHER

15. MAIDEN NAME Helen Jenkins

16. BIRTHPLACE (city or town) (State or country) --- Maryland

17. INFORMANT Edw. J. Lilly
(Address) 1740 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Long Green, Md. Date 3/13 19 33

19. UNDERTAKER Henry H. Weaver & Son
(Address) 847 W. Fallsway

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1933 to Mar. 10 1933

I last saw h.l.m. alive on Mar. 10 1933 Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Pneumococcus type IV -	3-6-33
Upper Lobe - right	
Other contributory causes of importance:	
Pulmonary Oedema	3-10-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) H. Savage M. D.

(Address) Univ. Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D B. 1269-0

E 88445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88445

CERTIFICATE OF DEATH

172-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. albert Johnson

(a) Residence: No. 1650 East 25th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Johnson

6. DATE OF BIRTH (month, day, year) Feb. 29/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	0	910	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Franklin Leroy Johnson

(Address) 1650 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 3/14/33 19

19. UNDERTAKER Philips Sterling

(Address) 206 Orleans St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to March 9, 1933

I last saw h alive on March 9, 1933 Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction secondary to ?	?

Other contributory causes of importance:

Toxaemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Josephs Hospital

Information should be carefully supplied. ABC should be used. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88446

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Mack

(a) Residence: No. 1428 Woodall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year): June 22, 1872

7. AGE: Years 60 | Months 8 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Shade

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Elizabeth Weil

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): John Mack 1428 Woodall

18. BURIAL, CREMATION, OR REMOVAL Place: Western Cem. Date: 3/14/33, 19

19. UNDERTAKER (Address): Geo. H. Leyendecker 520 N. Eutaw St

20. FILED 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 .. to ..... 19 .....

I last saw h alive on injury, 19 .. Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	3/10/33
Other contributory causes of importance: Automobile Accident	3/10/33

Name of operation none Date of ✓

What test confirmed diagnosis none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/10, 1933

Where did injury occur? Charles & Ostend Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was riding collided with another

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny, Jr. M. D. Coroner

(Address) 2200 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88447

106-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 W Fayette St., 20-21 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah A Leonard

(a) Residence: No. 2037 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hamilton Leonard

6. DATE OF BIRTH (month, day, year): 6 [illegible] 1855

7. AGE: Years 77 | Months 5 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Theodore Lurdle

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Eliz McReed

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs E Gilchrist

(Address) 2037 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Western Cem

Place ..... Date 3/13/33

19. UNDERTAKER: Geo H Lembach

(Address) 525 N Eutaw St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 10 1933 to March 10 1933

I last saw h.. alive on March 10 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Bronchitis	8 days
Decubitus Ulcers	3/8 33

Other contributory causes of importance:

old age & atherosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theresa Braun, M. D.

(Address) 1000 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1933

M. D. B. 1268-9

88448 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88448

CERTIFICATE OF DEATH

E 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Lennox St. St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. .. mos. .... ds. How long in U. S. If of foreign birth? 70 yrs. .... mos. .... ds.

2. FULL NAME James Kelly

(a) Residence: No. 603 Lennox St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Helen Kelly

6. DATE OF BIRTH (month, day, year): 1844

7. AGE: Years 88 89 | Months | Days | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Anna Mannigan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Mary Kelly
(Address) 603 Lennox St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date March 13 1933

19. UNDERTAKER: Martin Tabler & Sons
(Address) 1627 W. North Ave.

20. FILED MAR 12 1933 .... 19.... H.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933 to Mch. 10 1933

I last saw him alive on Mch 5, 1933 Death is said to have occurred on the date stated above, at 10a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1 yr

Other contributory causes of importance:

Arteriosclerosis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
.... If so, specify ....

(Signed) W. J. Gray M. D.

(Address) Govt. Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88449

HEALTH DEPARTMENT—CITY OF BALTIMORE 88449

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Louis Smulovitz

(a) Residence: No. 1601 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Louis Smulovitz

6. DATE OF BIRTH (month, day, year): May 1st 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph Smulovitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Wife (Address): Same

18. BURIAL, CREMATION, OR REMOVAL: Place Levindale Cem. Date 3-12-33 19

19. UNDERTAKER: Paul Lewis Inc (Address) 439 E. Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1933 to 3-12 1933

I last saw h[illegible] alive on 19. Death is said to have occurred on the date stated above, at 1.19 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertrophy of Prostate - benign	
Other contributory causes of importance:	
Uraemia	May 2 1933
Cerebral Hemorrhage	May 2 1933

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88450

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? 19 yrs. mos. da.

2. FULL NAME Zundel Gerstein

(a) Residence: No. 2310 Woodyear St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Gerstein

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Hyman Gerstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rissel —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Celia Gerstein (Son)
(Address) 1701 Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Nursing Home Date 3-12- 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Balto. St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 19 33

22. I HEREBY CERTIFY, That I attended deceased from 12/27/ 19 33 to 3/11/33 19

I last saw h[illegible] alive on 3/11/33 19 Death is said to have occurred on the date stated above, at 2.53 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1
Cardiac Decompensation	—
Arteriosclerosis	—
Avascular Circulation	1/26/33

Other contributory causes of importance:

Pneumonia Ulcers of Legs	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip J. Lerner M. D.

(Address) 1 West Baltimore General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1262-9

88451 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88451

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Bryant Ave St., 13-el Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Morris Meister

(a) Residence: No. 2309 Bryant Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Meister

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cap Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ork

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sam Meister

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Levi Cemetery Date March 13 1933

19. UNDERTAKER Rudolph Sons Inc

(Address) 1739 E Baltimore St.

20. FILED MAR 12 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1932 to March 12 1933

I last saw him alive on March 12 1933 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
(Mitral & aortic insuff)	

Other contributory causes of importance:

Pneumonia, Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) M. Chidekel M. D.

(Address) 2225 Tenden Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88452

E 88452

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., 14-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 58 yrs. mos. ds.

2. FULL NAME Mrs Minnie Glick

(a) Residence: No. 1936 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Glick

(Address) 110 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Cem Date 3-12-33. 19

19. UNDERTAKER Clark Sons Inc

(Address) 1211 E. Baltimore St

Baltimore, Md.

20. FILED MAR 12 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1933 to March 12, 1933

I last saw her alive on March 12, 1933 Death is said to have occurred on the date stated above, at 3.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	Mar 11,
Pulmonary Edema	Mar. 11
Pleural Effusion	Feb. 19

Other contributory causes of importance:

Malignancy of Stomach & Liver
Arteriosclerosis
Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88453

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Oakdale St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Raup

(a) Residence: No. 204, Oakdale St., Ward. Canada

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William L Raup

6. DATE OF BIRTH (month, day, year): Jan 7, 1857

7. AGE: Years 76 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Everport Pa

FATHER

13. NAME: Ephermon Everts

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Caroline Leiser

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: W L Raup

(Address) 204 Oakdale Rd

BURIAL, CREMATION, OR REMOVAL

Place: Milton Pa Date: 3/12/33

18. UNDERTAKER: Jos Culp & Son

(Address) 1216 Eutaw St

19. Filed 3/13, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cardiac Disease of Heart.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify) ...

(Signed) John H Hoffmeier M. D. Coroner

(Address) 2672 Roland Ave

Exact statement of terms, so that it may be properly classified. Important. See instructions on back of certificate.

M. D. B. 1268-9

E 88454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88454

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Clarke

(a) Residence: No. 1553 Carswell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Clark

6. DATE OF BIRTH (month, day, year) Unknown 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Maryland

FATHER

13. NAME Patrick Hamid

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Ann Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Clark
(Address) 1553 Carswell St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar 14th 33

19. UNDERTAKER Chas. P. Evans Son
(Address) 116 W. Mulberry St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4 . 1933 to 3-11 . 1933

I last saw her alive on 3-11 . 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	2/25
Carcinoma suspected?	

Other contributory causes of importance:

Name of operation Colostomy Date of 3/4

What test confirmed diagnosis? [redacted] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gorato M. D.

(Address) St Agnes Hosp.

MAR 13 1933

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 88455 STATE OF MARYLAND—CERTIFICATE OF DEATH E 88455

1. PLACE OF DEATH

County

Village or City Baltimore

Registration Dist. No. 28-5 93-004

No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Estes

(a) Residence: No. 6816 Reisterstown Rd St. Ward Ellicott City.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Estes

6. DATE OF BIRTH (month, day, and year) July 21, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary Land.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Holland

16. BIRTHPLACE (city or town) (State or country) Mary Land.

17. INFORMANT John Estes.

(Address) 6816 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 3-14 1933

19. UNDERTAKER F. C. Hajjubbathous Jr.

(Address) Ellicott City, Md.

20. FILED MAR 12 1933 19 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 12th (Day) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 15th, 1933, to March 12th, 1933

I last saw him alive on March 11th, 1933, death is said to have occurred on the date stated above, at 12.30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(Sept-Oct. 1932)
Chronic Myocardial Failure	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lenard Miller M.D. M. D.

(Address) Pikesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH is plain terms, so that it may be properly classified. Each statement of FACTS.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88456

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2774 Alameda St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha L. Behrens

(a) Residence: No. 2774 Alameda St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Manno A. Behrens

6. DATE OF BIRTH (month, day, year) May, 11, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9 10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~0~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August May Behrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. R. C. Gregory

(Address) 774 Alameda

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 13, 1933

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw St

20. FILED ..... 19..... Registrar.

MAR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933 to Mar 9, 1933

I last saw her alive on Mar 9, 1933. Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	3/8/33
Other contributory causes of importance:	
myocarditis	~~mdf~~
arteriosclerosis	mdf

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herman G. Gregory M. D.

(Address) 5106 Harford Rd.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88457

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Lakeside City Hospitals

CITY OF BALTIMORE: (No. ..... St., 18-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James White

(a) Residence: No. 733 W Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colrd	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 10-9-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeprr, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairfax Co Va

FATHER

13. NAME Wm. White

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Caelmie McIntire

16. BIRTHPLACE (city or town) (State or country) Fr. Wm. Co Va

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Va Date 3/14/33

19. UNDERTAKER H. M. Lantern

(Address) 2238 E. Preston

20. FILED ..... 19 ..... Registrar.

MAR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1933 to 3-11, 1933

I last saw him alive on 3-11 1933 Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Metastasis to liver	?

Other contributory causes of importance:

Bronchopneumonia	3-8-33

Name of operation No Date of .....

What test confirmed diagnosis CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Burns Lakeside M. D.

(Address) Lakeside City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88458

CERTIFICATE OF DEATH

V 11-002

88458

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Carrollton ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy A. Tirrell

(a) Residence: No. 822 Carrollton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Tirrell

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Gibson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William Tirrell
(Address) 822 Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Gilboa Date 3/13/33 19

19. UNDERTAKER Samuel T. Beasley
(Address) 3[illegible] Pitcher St.

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to March 11, 1933

I last saw h[illegible] alive on March 10, 1933 Death is said to have occurred on the date stated above, at 10 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe	

Other contributory causes of importance:

Aortic insufficiency	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Pettet Jr. M. D.
(Address) 811 Hamilton Terr.

N. B.—WRITE PLAINLY, WITH UNFADING INK. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88459 88459

CERTIFICATE OF DEATH

162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. 25th St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. McComas

(a) Residence: No. 100 W. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of (or) WIFE of V. Marsh McComas

6. DATE OF BIRTH (month, day, year) Mar 22nd 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

FATHER

13. NAME Wm B. Lytle

14. BIRTHPLACE (city or town) Balto Co. (State or country) Md

MOTHER

15. MAIDEN NAME Francis Owings

16. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

17. INFORMANT Frances O. McComas

(Address) 100 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 13 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to Mar 1933

I last saw h[illegible] alive on Mar 6 19.. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Senile [illegible] — Date of onset

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Pearce M. D.

(Address) 2105 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E-38460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-38460

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 E. Monument St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Spillman

(a) Residence: No. 1442 E. Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Bertha Spillman

6. DATE OF BIRTH (month, day, year) Nov 22nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator 53

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interior 03

10. Date deceased last worked at this occupation (month and year) March 1925 | 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Spillman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Elsie L Singewald

(Address) 1520 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 3/13/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1933, to March 10, 1933

I last saw him alive on March 9, 1933. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteric Sclerosis	Indefinite
Auricular Fibrillation	Jan 22/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Cedric N. Athey M. D.

(Address) 100 S. Patterson Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88461 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88461

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 404 S. Calhoun St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reuben Isaac Young

(a) Residence: No. 404 S. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sophia Young

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Now	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Sewell

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Miss Elizabeth Young

(Address) 1900 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 3/13/1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED MAR 13 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/ 1933 to 3/10 1933

last saw h alive on 3/9 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	

Other contributory causes of importance: Myocarditis

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cohn M. D.

(Address) 1145 N Bklt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88462

CERTIFICATE OF DEATH

V 164-001

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univrsity Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F. Singer

(a) Residence: No. 335 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret Singer

6. DATE OF BIRTH (month, day, year) Oct 28 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co. Inc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Singer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Bayer

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs M. Singer

(Address) 335 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Mar 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED MAR 13 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Poisoned By Illuminating Gas. Suicide

Date of onset

Other contributory causes of importance:

Carcinoma of neck

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Dwelling house

Manner of injury Inhaled illuminating Gas

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 339 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88463 E 88463

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5310 Tremont Rd 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Watters

(a) Residence: No. 5310 Tremont Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~not WIFE~~ Mary A. Watters

6. DATE OF BIRTH (month, day, year) Oct 29th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper

9. Industry or business in which work was done, as mill, saw mill, bank, etc. American Label Printing Co

10. Date deceased last worked at this occupation (month and year) 0 ds

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Un Known

FATHER

13. NAME John Watters

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Eunice Lobe

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Mrs Mary Watters

(Address) 5310 Tremont Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion, Lothian A. A. Co. Md. Date 3/14/ 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar.

MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 28 1933 to March 11 1933

I last saw him alive on March 10 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	March 4-1933
Other contributory causes of importance: Arteria Sclerosis	Uncertain of years

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) Thomas B. Green M. D.

(Address) 5543 Harford Rd Hamilton Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M.A.T.—250 Bks

E 88464

E 88464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Walbrook Ave St., 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Pletzer

(a) RESIDENCE NO. 2903 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel O. Pletzer

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Charwoman

(b) General nature of industry, business, or establishment in which employed (or employer) Court House

(c) Name of employer State of Maryland.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Charles Joseph Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore? Maryland

12 MAIDEN NAME OF MOTHER Wilhemina Teresa Layburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Lawrence Vincent Pletzer

(Address) 2903 Walbrook Ave

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1933, to March 11, 1933, that I last saw her alive on March 11, 1933, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive heart disease, Chronic

at least (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Subacute nephritis

(duration) 0 yrs. 1 mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phenolsulphonthalein

(Signed) L. Rending Wallace, M. D.

, 19 (Address) 2839 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto.

DATE OF BURIAL 3/15/1933

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88465 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88465

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Aisquith St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stella C. Conway

(a) Residence: No. 1718 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Conway

6. DATE OF BIRTH (month, day, year) Feb 19/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Elias Buckingham

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Isabelle Yingling

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Felice Nelson
(Address) 4505 Lasalle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 15th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 13 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jos A Carey M. D.
Coroner

(Address) 508 E Fayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1284

E 88466

E 88466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Gibbons Ave. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Richard Baker

(a) Residence: No. 3303 Gibbons St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Gertrude Baker

6. DATE OF BIRTH (month, day, year) Aug 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	04

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Caroline Phillips

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles M Baker

(Address) 1607 St Paul

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 13 1933

19. UNDERTAKER Thos J Pickerell & Son

(Address)

20. FILED MAR 13 1933 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1933 to Mar 10 1933

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stomach	

Other contributory causes of importance:

	Nov

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

E 88467

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88467

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4753 Park Heights Ave St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Schwinn

(a) Residence: No. 4753 Park Heights Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine Schwinn

6. DATE OF BIRTH (month, day, year) Feb. 5, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Schwinn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Ruppersberger

(Address) 2010 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar 13 1933

19. UNDERTAKER Wm. Fickner Son

(Address) North & Pa Ave

20. FILED MAR 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1933 to March 10, 1933

I last saw him alive on March 10, 1933 Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-4-33

Other contributory causes of importance:

Hypostatic Pneumonia	3-8-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D Bubert, M. D.

(Address) 3608 Sequoia Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 88468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88468

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1547 Clifton Ave 13-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Paterner Shoch

(a) Residence: No. 1547 Clifton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Edwin Shoch

6. DATE OF BIRTH (month, day, year) Dec 18 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Barclay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. Rutter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry L. Shoch
(Address) 2816 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. March 13, 1933

19. UNDERTAKER Wm J. Tschudy & Son
(Address) North Pa

20. FILED ... 19 ... Registrar.

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 10, 1933

I last saw her alive on March 9, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
& Arteri-sclerosis	Not known

Other contributory causes of importance:

Dropsy & Sinking Heart Action.	7 days

Name of operation ... Date of ...

What test confirmed diagnosis? Auscultation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Edmunds M. D.

(Address) 1605 N. North Ave

M. D. No. E 88469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88469

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2127 Baltimore St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. x ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Hartlein

(a) Residence: No. 2127 Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 9 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	x	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. B. Hartlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Neumann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Chas Hartlein
(Address) 2127 Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Mar 13 1933

19. UNDERTAKER H. G. Sheckells Sons
(Address) Baltimore Md

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Mar 11 1933

That saw h. alive on Mar 10 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/15
Other contributory causes of importance: Hemiplegia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cohn M. D.

(Address) 2142 N. Eutaw St Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88470

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) 1609 N. Mont St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Chew

(a) Residence: No. 1609 N. Mont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1887

7. AGE: Years 46 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Wing Chew

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Elizabeth Lucas

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Elizabeth Chew

(Address) 609 Gold

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Mar 13 1933

19. UNDERTAKER Virginia A. Brooks

(Address) 1438 N. Carey St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9 1933

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. L. Luck Coroner, M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88471 47 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88471

CERTIFICATE OF DEATH

V + 157-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-9 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walker Pettyjohn

(a) Residence: No. 3115 Rivermont ave St., ... Ward. Lynchburg Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME E. R. Pettyjohn

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mildred Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va Date March 14 1933

19. UNDERTAKER Charles Whitehead Co

(Address) Lynchburg Va

20. FILED MAR 14 1933 Harrington Hill, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932 to March 12, 1933

I last saw him alive on March 12, 1933 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma right kidney with double ureter	
causing urinary obstruction	

Other contributory causes of importance:

Pyelonephritis infection	
of kidney	

Name of operation Pyelotomy Date of 3-12-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Buggs M. D.

(Address) 1 Belt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 88472

88472

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 357 N. Gilmor St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maud Rebecca James

(a) Residence: No. 357 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida.

FATHER

13. NAME Geo James

14. BIRTHPLACE (city or town) (State or country) Florida.

MOTHER

15. MAIDEN NAME Fannie Ponder

16. BIRTHPLACE (city or town) (State or country) Florida.

17. INFORMANT Thos L James
(Address) 1505 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date March 13 1933

19. UNDERTAKER Archibald C. Geddis
(Address) 2101 Mc Culloh St.

20. FILED MAR 13 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harry P. Black Coroner, M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88473

CERTIFICATE OF DEATH

E 88473

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Hanover St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth C. Satterfield

(a) Residence: No. 1631 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		19 17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John W. Satterfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha E. Troseyp

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John W. Satterfield
(Address) 1619 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 13, 1933

19. UNDERTAKER C. Howard Evans
(Address) 3806 Fort Ave

20. FILED ... Registrar

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1933 to Mar 17, 1933

I last saw her alive on Mar 17, 1933 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	
Exhaustion	3/10/33

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

Mar 17/33 (Signed) H. E. Campbell M. D.
(Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—13-0 Co.—200 Bks.

E 88474

Siviski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88474

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Siviski (Siviski)

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. Mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Szczerowska

6 DATE OF BIRTH (month, day, and year): July 10 1863 about 70-1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80-69	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Poland Russia

PARENTS

10 NAME OF FATHER Thomas Siviski

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sister Stanislaus Sup.

(Address) Little Sisters of the Poor

MAR 13 1933

19 Huntington Indiana

(Signature)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1933

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to March 12, 1933, that I last saw h.. alive on March 12, 1933, and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) L. F. Barker, M. D.

3/13/1933 (Address) 1114 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Mar 13, 1933

20 UNDERTAKER: Rule Wiedefeld — ADDRESS: 914 Greenmount Ave

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 88475

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88475

V 108

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1618 Edmondson ave ST. 16-01 WARD)

2-FULL NAME Mitchell Maffield

(a) RESIDENCE. NO. 1618 Edmondson ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Maffield

6 DATE OF BIRTH (month, day, and year) Jan 23-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ex-Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbott Co. Md.

PARENTS

10 NAME OF FATHER Mitchell Maffield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbott Co - Md

12 MAIDEN NAME OF MOTHER Elizabeth Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbott Co Md

14 Informant (Address) Mrs Chester Trevvo 1618 Edmondson ave

Filed MAR 13 1933 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1933

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to March 11, 1933, that I last saw h[illegible] alive on March 11, 1933, and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) age -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. N. Wright M. D.

3/12, 1933 (Address) 209 Restaurant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lion Cemetery	March 14, 1933
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 322 N Schroeder St.

AACo. 5-31 250B

E 88476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88476

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Perkins St., 17-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Watkins Young

(a) Residence: No. 632 Perkins St., ... Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	10 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Manuel Watkins
14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Pauline Young
16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Reta Hanson
(Address) 632 Perkins

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Cambridge, Md. Date March 15, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED MAR 13 1933, 19 ... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to Mar 11, 1933
I last saw her alive on Mar 11, 1933 death is said to have occurred on the date stated above, at 705 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11-1-33

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Jane Rae M. D.
(Address) 1126 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88477

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 Ellwood Ave (St.) 21-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Goldstein

(a) Residence: No. 3508 Virginia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Selma Goldstein

6. DATE OF BIRTH (month, day, year) May 11th 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24 25	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Isaac Goldstein

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Philip Beser

(Address) 403 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rit Cemet, Date 3-13-33 19

19. UNDERTAKER Sauk Sauro Inc

(Address) 1459 E Baltimore St.

20. FILED ..... 19 ..... Registrar.

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pistol wound of Brain. Sudden

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... Was there an autopsy? ...

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Injury? Yes

Where did injury occur? 1506 Block Ellwood
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek Coroner, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88478

CERTIFICATE OF DEATH

V34 E 88478

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Dispensary St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alonzo Radcliff

(a) Residence: No. 1620 N. Dallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Radcliff

6. DATE OF BIRTH (month, day, year) [illegible] 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rev Seeman Williamson
(Address) 1833 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 13, 1933

19. UNDERTAKER Mrs. R. L. Elliott
(Address) 1129 N. Carrollton St.

20. FILED MAR 13 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to ..... . 19 .....

I last saw h alive on ..... . 19 . Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Syphillitic Aortitis

General Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes/no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Mackenzie, M. D.
Coroner

(Address) 508 E. Fayette Ave

N. B.—WRITE PLAINLY, WITH PEN AND INK. ALL INFORMATION should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12684

E 88479

E 88479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 131

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 12-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza Barnes

(a) Residence: No. 2109 Hargrove Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H

6. DATE OF BIRTH (month, day, year) Unknown 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hanover Co Virginia

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Emmily Barnes
(Address) 2109 Hargrove alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 13 1933

19. UNDERTAKER Mrs P. J. Elliott
(Address) 1129 N. Carrollton

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/7 1933 to 3/10 1933

I last saw her alive on 3/9 1933. Death is said to have occurred on the date stated above, at 300 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	unk.
Chr. nephritis	unk.
Arterio Sclerosis	unk.
Hypertention	

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker st

M. D. B. 1268-9

E 88480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88480

37

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Wheeler

(a) Residence: No. 2832 Fox Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Wheeler

6. DATE OF BIRTH (month, day, year) Unknown 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Kate Wheeler

(Address) 2832 Fox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Mar 5, 1933

19. UNDERTAKER M. A. G. Ellis

(Address) 1129 N. Caroline St.

20. FILED ..... 19..... [illegible]

MAR 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1933 to March 10, 1933

I last saw him alive on March 10, 1933 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Syphilis	?
a) C.N.S. Lues	
b) C-V Lues	
Other contributory causes of importance: Bronchopneumonia terminal	3-9-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Josephs Hospital

1-30—M. & T.—100 B—50L

E 88481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88481

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 12-81

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST. (or WARD)

2-FULL NAME Lucetta McCray.(C)

(a) RESIDENCE NO. 604 Stump Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If [illegible] widowed, or [illegible] (or) WIFE of Henry McCray.(C)

6 DATE OF BIRTH (month, day, and year) May 22, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	15 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Charles Jones.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Henrietta -----(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant Bettie Dalton.(C) Niece.

(Address) 604 Stump Al.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to hes death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 604 Stump Ct.

Did an operation precede death? No. Date of Feb. 20, 1933

Was there an autopsy? Yes Hospital

What test confirmed diagnosis? Autopsy & inquiry.

(Signed) [illegible] Coroner, M. D.

3/10/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Mar 13 1933

20 UNDERTAKER Mrs A G Elliott

ADDRESS 1429 Eutaw St.

MAR 13 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88482

CERTIFICATE OF DEATH

E 88482

Registered No. Chas 34 8131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Greenway Apts St., 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Woolstonecraft Norman 40 0 0

(a) Residence: No. Greenway Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M. Norman

6. DATE OF BIRTH (month, day, year) Sept 9 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Publisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Books-eli

10. Date deceased last worked at this occupation (month and year) October 1932

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Devonshire England

FATHER

13. NAME George Norman

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rose Lyons

16. BIRTHPLACE (city or town) (State or country) England England

17. INFORMANT Mrs. E. M. Norman (wife)
(Address) Greenway Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 14 1933

19. UNDERTAKER Sherwood & Morris Co.
(Address) 208 W North Ave.

20. FILED Mar 14 1933 Huntington E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 19 1933 to March 12 1933

I last saw him alive on March 11 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis History	1921
Chronic Interstitial nephritis	1923
Coronary embolism	Mar. 12 1933

Other contributory causes of importance: Hist. Cardiac Hypertrophy, dilatation

Date of onset several years

Name of operation Date of Exam.

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Bonar Bonner M. D.

(Address) 712 S. Maryland ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 88483

88483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital. ST. 16-01 WARD)

2-FULL NAME Katherine E. Smith.

(a) RESIDENCE NO 1207 N. Longwood St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If ~~married, widowed, or divorced~~
(or) WIFE of William W. Smith.

6 DATE OF BIRTH (month, day, and year) August 2, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Weise.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Meets.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Edward J. Eckenrode. (daughter)
(Address) 3003 Littleton Ave.

15 Filed ..... 19..... Registrar

MAR 19 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1207 N. Longwood St. March 12, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

3/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 3/15 1933

20 UNDERTAKER Geo Weber & Son 2503 Edmondson Ave

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-9

88484 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88484

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Balto. Md St 16-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Brooks

(a) Residence: No. 933 Whitehead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 15 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bowie, Md.

FATHER

13. NAME Jacob Brooks

14. BIRTHPLACE (city or town) (State or country) Richmond, Va

MOTHER

15. MAIDEN NAME Mamie Henderson

16. BIRTHPLACE (city or town) (State or country) Bowie, Md

17. INFORMANT Records, Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date March 9 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAR 13 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-7 1932 to 3-8 1933

I last saw her alive on 3-8 1932 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation Rheumatic Heart	3-1-32
Other contributory causes of importance: Myocarditis of 2 months duration	3-1-32

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

3-8-33 (Signed) Elmer Brown M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

88485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88485

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 16-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? — yrs. mos. ds.

2. FULL NAME Frank T. Gainor

(a) Residence: No. 351 Brighton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan B Gainor

6. DATE OF BIRTH (month, day, year) Oct 8 Thursday 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 68 years	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 009

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank T. Gainor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Susan B. Gainor (Wife)

(Address) 351 Brighton

18. BURIAL, CREMATION, ~~OR REMOVAL~~

Place Woodlawn Cemetery Date March 14th 1933

19. UNDERTAKER George J Smith

(Address) 1532 Eastern Ave

20. FILED Mar 13 1933 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5 1933 to March 12 1933

I last saw h.. alive on March 12 1933. Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Uremia	
Hypertrophied Prostate	
	about

Other contributory causes of importance:

Toxemia	
Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Philip Dress M. D.

(Address) St Jos Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mar 13 1933

M. D. B. 1268-9

88486 HEALTH DEPARTMENT—CITY OF BALTIMORE 88486

CERTIFICATE OF DEATH

× 94-002

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Pronounced dead at Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore Kühn

(a) Residence: No. 2203 Ogden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer yd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frederick Kühn

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Schandelbolt
(Address) 191 Ogden ave Jersey City N J

18. BURIAL, CREMATION, OR REMOVAL
Place: Date 3/13 1933

19. UNDERTAKER: Edward Loudenslager
(Address) West Fayette & Pine Huntingdon Pa

20. FILED ... Registrar 3/14/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on January 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Embolism	

Other contributory causes of importance:

Arterio-Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M Fenton M. D. Coroner
(Address) 700 E Chase St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1933

Van Ness 1515 Park Ave

E 88487.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88487.

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 (St.) Merrymount Rd (Ward) 47-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza M Van Dyke

(a) Residence: No. 15 (Usual place of abode) Merrymount Rd St. ..... Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John S. Van Dyke

6. DATE OF BIRTH (month, day, year): Dec 21, 1843

7. AGE: Years 89 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Green Castle Ind

FATHER

13. NAME: James R Tar

14. BIRTHPLACE (city or town) (State or country): Roanoke Va

MOTHER

15. MAIDEN NAME: Frale Mensch

16. BIRTHPLACE (city or town) (State or country): York Penna

17. INFORMANT (Address): Mrs Byrd Bath 15 Merrymount Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Fuscola Date 3/13 19 33

19. UNDERTAKER: William Cook (Address) 1217 St Paul St

20. FILED MAR 13 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11 1933 to March 13 1933

I last saw her alive on March 12 1933 Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3.10.33

Other contributory causes of importance: ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E M Van Hoff M. D.

(Address) 1715 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88488

E 88488

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH 3301 Vera, St. Fairfield Md. 25-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Houdek

(a) Residence: No. 3301 Vera St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Houdek

6. DATE OF BIRTH (month, day, year) Dec. 8, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kozlof.
(State or country) Austria

FATHER

13. NAME Frank Sirka

14. BIRTHPLACE (city or town) Austria
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Michael Houdek
(Address) 3301 Vera St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/10 33. 19....

19. UNDERTAKER Edw. F. Foley & Son
(Address) 1301 Light St.

20. FILED MAR 13 1933 Registrar. Hunting Town Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 1933 to March 11, 1933

I last saw her alive on March 10, 1933 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/6/33
Myocarditis	"
Hypertension	"

Other contributory causes of importance:

Chronic nephritis	"

Name of operation None Date of —

What test confirmed diagnosis? Typical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. C. Dobihal, M. D.

(Address) 447 N. Kenwood Ave.

E 88489

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Chapel St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Bechtold

(a) Residence: No. 511 N Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Stanchfield

6. DATE OF BIRTH (month, day, year) Apl. 11/23/1868

7. AGE Years	Months 3	Days 19	If LESS than 1 day ..... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wood finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Bechtold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Do Not Know.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Bechtold
(Address) 511 N Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 3/15/33, 19

19. UNDERTAKER Thos F Kelly & Sons
(Address) 1314 Eutaw St

20. FILED ..... 19.. ..... Registrar.

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1932 to Mar 12 1933

I last saw him alive on Mar. 12 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	2
Myocarditis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent D. Foka M. D.

(Address) 845 N. Patterson Pk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88490

CERTIFICATE OF DEATH

23 E 88490

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola Gibson

(a) Residence: No. 100½ No. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Oct 15, 1910.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	4	125	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 2/17/33

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Richard Gibson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nettie Webster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dear Island Md Mch 17 1933

19. UNDERTAKER Hughes Howe Inc

(Address) 424 E. Broadway Huntington Virginia W. Va.

MAR 13 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933 to Mar 12, 1933

I last saw her alive on Mar 12, 1933 Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stern M. D.

(Address) Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88491

159

E 88491

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 Culver St St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Virginia Patterson,

(a) RESIDENCE NO. 27 Culver St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White,

5 Single, Married, Widowed, or Divorced. (write the word): Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none,

6 DATE OF BIRTH (month, day, and year): May. 10. 1933.

7 AGE — Years — Months — Days — IF LESS than 1 day ~~hrs.~~ or ~~min.~~: 60 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md,

(State or country)

PARENTS

10 NAME OF FATHER Ray L. Patterson,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Allentown. Pa

12 MAIDEN NAME OF MOTHER Ruth C. Wilson,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Ruth Corrine Patterson,

(Address) 27 Culver St.

15 Filed ~~Huntington Williams, Actg~~ Mar 13 1933

0249

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 10. 1933.

17 I HEREBY CERTIFY, That I attended deceased from May 10. 1933. to May. 10. 1933.

that I last saw h~~e~~r alive on May. 10 1933.

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature 4 Months Gestation

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Thos Patterson, M. D.

3/12/33. 1933 (Address) 1588 N Longwood St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

Date of Burial: Mar 18 1933

20 UNDERTAKER: Dept Commissioner Health.

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

MAR 13 1933

AdCo. 5-31 250B

E 88492 HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 88492

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] Butler Ave Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jones

(a) Residence: No. 1028 Butler Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 9-33

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Walter Johnson
14. BIRTHPLACE (city or town) Baltimore Md (State or country)

MOTHER

15. MAIDEN NAME Edith Johnson
16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Edith Jones
(Address) 1028 Butler Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Mar 13, 1933

19. UNDERTAKER [illegible]
(Address)

[illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933 to 3-11, 1933
I last saw him alive on 3-10, 1933 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
About 7 months foetus	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 88493

E 88493

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 4-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 5 mos 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward B. Brady

(a) Residence: No. Laurel Hill Rd & Edmondson Ave St., Ward Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Sing.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Edward Brady Jr.

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Georgiana Baylor

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Rosetta Rhodes

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date March 14, 1933

19. UNDERTAKER Chas. B. Evans & Son

(Address) 1115 W. Lexington St.

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933, to March 12, 1933

I last saw h[illegible] alive on March 12, 1933 Death is said to have occurred on the date stated above, at 12.52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Acute Bacterial Endocarditis	Feb 26/33
Other contributory causes of importance:	
L Iliac Pneumonia	3/8/33
Vincent's Angina	3/9/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard F. Zuman M. D.

(Address) Mercy Hospital

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1933

M. D. B. 1268-9

E 88494

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88494

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-Al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Herman

(a) Residence: No. 1622 N. Washington St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Herman

6. DATE OF BIRTH (month, day, year) Oct 21, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman Capt. 32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Balster Herman

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Elizabeth Koner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 17 19 33

19. UNDERTAKER Chas. P. Grace & Son

(Address) 118 N. Mt. Royal Ave

20. FILED MAR 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1933 to 3/13, 33

I last saw him alive on 3/13, 1933 Death is said to have occurred on the date stated above, at 9 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, Anaemia	6-12
Other contributory causes of importance:	
Cirrhosis Liver - Cardio Vascular disease	2

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Goodman M. D.

(Address) Mercy Hospital

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88495

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John W. Rochfort

(a) Residence: No. 3048 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Rochfort

6. DATE OF BIRTH (month, day, year) Oct 25 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas A Rochfort

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Ann O'Brien

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Nellie Rochfort
(Address) 3048 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar. 16 33

19. UNDERTAKER Chas. H. Grace & Son
(Address) Belmont Royal Ave

Huntington Indiana, Registrar.

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933 to March 13, 1933

I last saw him alive on March 13. 1933 Death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Other contributory causes of importance:	
md anaemia	
Toxaemia	

Name of operation Exploratory Laparotomy Date of 3-7-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J W Waggoner M. D.

(Address) St. Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88496

CERTIFICATE OF DEATH

C 88496

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Pulaski 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel L. Miller

(a) Residence: No. 2229 Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. E. Miller

6. DATE OF BIRTH (month, day, year) 12/17/1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME C. P. Lee Scott

14. BIRTHPLACE (city or town) (State or country) Mt Airy

MOTHER

15. MAIDEN NAME Rose Carroll

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George E. Miller

(Address) 2229 Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 3/14/33 19

19. UNDERTAKER George J. Roth Inc

(Address) 1735 Harlem Ave Balto Md

Filed MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from March 4/33 19 to March 10/33 19

I last saw h.. alive on March 10/33. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lob pneumonia	March 4/33

Other contributory causes of importance:

Lobar pneumonia	March 4/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter S Tubbs M. D.

(Address) 2220 Harrison

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88497 HEALTH DEPARTMENT—CITY OF BALTIMORE 88497

CERTIFICATE OF DEATH

87-002

1. PLACE OF DEATH

Registered No. 13-01

CITY OF BALTIMORE: (No. 1318 Weldon Ave St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob M. Wilhelm

(a) Residence: No. 1318 Weldon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth J. Wilhelm

6. DATE OF BIRTH (month, day, year) May 12, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jacob Wilhelm

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mirah Musselman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Oppie Kaufman

(Address) 1318 Weldon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date March 15, 1933

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Eastern Ave

20. FILED MAR 13 1933 Clayton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from December, 1932 to Mar 13, 1933

I last saw him alive on Mar 12, 1933 Death is said to have occurred on the date stated above, at 3:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Several yrs
Cerebral Sclerosis	4 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Purnell H. Benson M. D.

(Address) 2020 N. Charles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 88498

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Ensor St., 5-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Calamita

(a) Residence: No. 511 N Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Peter Calamita

6. DATE OF BIRTH (month, day, year) April 23 - 78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 55	11 10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Peter Salamone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Peter Calamita

(Address) 511 N Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rood Cem Mar 14 33

19. UNDERTAKER Hoffacker Son

(Address) 1301 Hunterskyard

20. Filed Mar 13 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11 - 1933

22. I HEREBY CERTIFY, That I attended deceased from January 9 1933 to Mar 11 1933

I last saw h[illegible] alive on Mar 9 1933 death is said to have occurred on the date stated above, at 9 1/2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Cervix Carcinoma	
Lead of Pancreas	
Inoperable	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis J Kirby M. D.

(Address) 110 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88499

82-001

CERTIFICATE OF DEATH

E 88499

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 27-01 Ward)

Length of residence in city or town where death occurred 5 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME T. Archibald Bramble

(n) Residence: No. 3810 Overlea, Ave St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of —— —— ——
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31/1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	56	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME James Bramble

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Hannah Wann

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

17. INFORMANT Robert Jones
(Address) Druid Park Hill Park

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Repose (Wilna Md) Date Mar 14th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED MAR 14 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12/33. 19..

22. I HEREBY CERTIFY, That I attended deceased from .... 19.. to .... 19..

I last saw h.. alive on .... 19.. Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19..

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) J. H. H. Caton M. D.
Coroner

(Address) 508 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 88500

1-30—M. & T.—100 B—50L

E 88500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4016 Massachusetts Ave. (ST.) 20-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Welsh.

(a) RESIDENCE NO 4016 Massachusetts Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. E... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA... CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See Instructions on back of certificate.

RGIN RE... OR BIND...

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced
(or) WIFE of Joseph L. Welsh.

6 DATE OF BIRTH (month, day, and year) September 11, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Towson, Md.

PARENTS

10 NAME OF FATHER Joshua Tyson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Anna R. Kipton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Joseph L. Welsh. (husband)
(Address) 4016 Massachusetts Ave.

15 Filed ... 192 ... Registrar

MAR 14 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Chronic Myocarditis.
Acute dilatation of the heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm. M. Steinhardt, M. D. Coroner

3/13/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Mar 16th 1933

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

88501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88501

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 N. Hope St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hortense E. Muth

(a) Residence: No. 1838 N. Hope St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of William S. Muth

6. DATE OF BIRTH (month, day, year) About 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT C. Leroy Muth

(Address) 2811 Ruckert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 15 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 14 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to Mar 12 1933

I last saw her alive on Mar. 12 1933. Death is said to have occurred on the date stated above, at 8:52 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of Injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Sigl Littman, M. D.

(Address) 1304 E. Chase

N. B.—WRITE PLAINLY, with ink. ... should be stated EXACTLY. PHYSICIANS should be carefully supplied with information ... so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

88502

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88502

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2704 St. Paul St. 12-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Leon Fair, M.D.

(a) Residence: No. 2704 St. Paul St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ann(Werner) Fair

6. DATE OF BIRTH (month, day, year) Dec 25/1879

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenn Rock, Pa.

FATHER

13. NAME Hezekiah W. Fair, M.D.
14. BIRTHPLACE (city or town) (State or country) Glenn Rock, Pa.

MOTHER

15. MAIDEN NAME Elmira Seitz
16. BIRTHPLACE (city or town) (State or country) Glenn Rock, Md.

17. INFORMANT Mary Ann W. Fair
(Address) 2704 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 15th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb ..., 19 33 to Mar 13/33 ..., 19 ...

I last saw him alive on Mar 12/33 ... death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure- shock	
Other contributory causes of importance:	
Gastric Hemorrhage	Mar 12
Probably Carcinoma	?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical-Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Fair M. D.
(Address) 508 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not sufficient. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

88503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88503

CERTIFICATE OF DEATH.

1 108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Volunteers Hospital ST. 43-21 WARD)

2-FULL NAME Mary J. Ott

(a) RESIDENCE NO. 3249 Chestnut Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence J. Ott.

6 DATE OF BIRTH (month, day, and year) May. 15/1897.

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
35.	9.	28.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Howard C. Shoemaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Derthwirn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Lawrence J. Ott.

(Address) 3249 Chestnut Ave.

15 Received MAR 14 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 13 1933

17 I HEREBY CERTIFY, That I attended deceased from Mch 10, 1933 to Mch 13, 1933 that I last saw h.. alive on Mch 13, 1933 and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. F. Conroy, M. D.

, 19 (Address) Volt Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 3/16/1933.

20 UNDERTAKER Walter Davis

ADDRESS 3418 Chestnut Ave

mation should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 88504 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88504

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Gunnell Low St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha L. Brown

(a) Residence: No. 507 Gunnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Ci	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Brown

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Heard

(Address) 507 Gunnell

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mch 14 1933

19. UNDERTAKER James A Hayes

(Address) 1422 Hanover St

Filed MAR 14 1933 Huntington Thomas, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/27/33, 19 to 3/13/33, 19

I last saw h[illegible] alive on 3/11/33, 19 Death is said to have occurred on the date stated above, at 3:35 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/27/33

Other contributory causes of importance:

Angina Pectoris 7 yrs
Hypertension

Name of operation None Date of

What test confirmed diagnosis? None was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee M. D.

(Address) 527 Monroe Ave

information should be carefully supplied. Age should be stated in years. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88505

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S. Fremont St. 22-01 Ward)

Length of residence in city or town where death occurred 70 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Lousy Vaughn

(a) Residence: No. 630 S. Fremont St. Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colord

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gilbert Vaughn

6. DATE OF BIRTH (month, day, year) Aug-1875

7. AGE: Years 57 | Months 7 | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME Grace Date

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Mary Sorrell

(Address) 630 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mch 14 1933

19. UNDERTAKER: James A Staggs

(Address) 142 Mulberry St

Huntington, Cabell Co. W. Va.

20. FILED MAR 14 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Acute Edema of Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Feller M. D.

Coroner

(Address) 273 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88506

HEALTH DEPARTMENT—CITY OF BALTIMORE

88506

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N Bond St. 7-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm B. Brooks

(a) Residence: No. 815 N Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Delilah Brooks

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement worker

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) VA

FATHER

13. NAME Robert Brooks

14. BIRTHPLACE (city or town) (State or country) VA

MOTHER

15. MAIDEN NAME Amanda Mentley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Delilah Brooks (wife)
(Address) 815 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/15/33

19. UNDERTAKER Robert W. Williams
(Address) 1515 N Fulton Ave

MAR 14 1933

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to March 12, 1933

I last saw h~~im~~ alive on March 11, 1933. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	March 1
½ Paralysis of throat muscles	1933
Other contributory causes of importance:	
Nephritis, Arteriosclerosis	Oct 1930
Marked hypertension myocarditis	

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R J Young M. D.

(Address) 1424 E Monument St

Information should be carefully supplied. AGE should be given in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-A

E 88507.

270505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88507.

CERTIFICATE OF DEATH

✓ 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 26-61 St. Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Rytel

(a) Residence: No. 3223 Foster ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-30-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph Rytel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ida Peltz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaws Date March 14 1933

19. UNDERTAKER John F. Ruda
(Address) 2811 Hudson St

20. FILED Huntington Ave. Registrar. 3/14

R 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to March 13, 1933

I last saw him alive on March 13, 1933. Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1-33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Mulan M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88508 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88508

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Whafayette Ave St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rayan Zittler

(a) Residence: No. 2010 Whafayette Ave St., ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Zittler

6. DATE OF BIRTH (month, day, year) Feby 9 1874

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	59	1	3/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otho James Zittler

14. BIRTHPLACE (city or town) (State or country) Washington Co Md

MOTHER

15. MAIDEN NAME Josephine Bechtel

16. BIRTHPLACE (city or town) (State or country) Washington Co Md

17. INFORMANT Florence M Zittler

(Address) 2010 Whafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date March 1933

19. UNDERTAKER Thos Fergusson Sons

(Address) Robert Lamm

20. FILED ... Huntington Ave

MAR 14 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933 to March 12, 1933

I last saw him alive on March 12, 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chr. Nephritis	1932
Chr. Myocarditis	1932

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John Sundheim M. D.

(Address) 2128 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations or approximations of information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 88509 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88509

CERTIFICATE OF DEATH

V 94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Norfolk ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barney Mankowitz

(a) Residence: No. 4000 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie Kremer

6. DATE OF BIRTH (month, day, year): Sept 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Jacob Mankowitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Nettie Mankowitz

(Address) 4000 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date 3/14 1933

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1117 E Balto st

MAR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 13, 1933

I last saw h[illegible] alive on March 12, 1933 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 3 7 days

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Lee M. D.

(Address) Temple Station

information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

Cowels

93-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88510

E 88510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 N. Eden St. 10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie Cowels

(a) RESIDENCE NO. 1050 N. Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Cowels

6 DATE OF BIRTH (month, day, and year): [illegible] 1836

7 AGE: Years 77; Months; Days 6; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ky.

PARENTS

10 NAME OF FATHER: [illegible] Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ky.

12 MAIDEN NAME OF MOTHER: Bettie Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ky.

14 Informant: Vanera R. Gourley

(Address) 1050 N. Eden St

15 Filed MAR 14 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 10 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 - 32 to Mar 10 - 33

that I last saw h[illegible] alive on Mar 9 - 33

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Duncan Field Boyle M. D.

(Address) 1402 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Xenia Ohio

DATE OF BURIAL: 3-14 1933

20 UNDERTAKER: Ernest Francis McKnight

ADDRESS: 1218 Ingleberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT DIAGNOSIS IS VERY important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88511

CERTIFICATE OF DEATH

E 88511

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Booth St. 20-01 Ward)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Wells Jessop

(a) Residence: No. 2222 Booth St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Josephine Taylor

6. DATE OF BIRTH (month, day, year) Feb. 28, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	0	14	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Jessop

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Meyers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hazel Lungren
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Mar 14, 1933

19. UNDERTAKER W. E. Cook
(Address) 1217 St Paul St

20. [illegible] Huntington Pittsman [illegible]

MAR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1933 to March 12, 1933

I last saw him alive on March 12, 1933 Death is said to have occurred on the date stated above, at 9.00 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis (129)	

Other contributory causes of importance:

Valvular Disease Chronic Cardiac Mitral 90. Senility 164.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

Signed Thomas Graham Marston, M. D.
(Address) 516 Cathedral St

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

E 88512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88512

CERTIFICATE OF DEATH

13

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2540 Mace st. ST. 12-a (WARD)

2—FULL NAME Louis Carter

(a) RESIDENCE NO. 2514 Mace st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Carter

6 DATE OF BIRTH (month, day, and year) Unknown 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Feadlin Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Eliza Carter

(Address) 2540 Mace St.

15 MAR 14 1933 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 33

17 I HEREBY CERTIFY That I attended deceased from March 1, 1933 to March 10, 1933

that I last saw h[illegible] alive on March 10, 1933

and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Ethmoiditis

Sep

Gangrene Salpingitis

(Secondary) Pelvic Peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. E. Richards M. D.

March 17, 1933 (Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	March 14 1933
20 UNDERTAKER	ADDRESS
Thos. B. A. Elliott	1129 E. Fayette

important. See instructions on back of certificates.

M. D. B. 1268-9

E 88513

E 88513 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Harris

(a) Residence: No. 1407 McCulloug Ln St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 18 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Thomas Harris

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address) Md Gen. Hosp. Tal

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3-14 1933

19. UNDERTAKER Daniel Easton
(Address) 916 Pa Ave

19. LICENSE AR 141933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1933 to 3-11 1933

I last saw h[illegible] alive on 3-11 1933 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Cardio-Vascular Renal Disease	
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M.D.

(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 38514 E 38514

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Manning

(a) Residence: No. 611 Reisterstown Rd St., 7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse L Manning

6. DATE OF BIRTH (month, day, year) 1-24-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	16	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Phillip L. Allison

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Edonna Davis

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Record (Address) Balto. City Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date March 15 1933

19. UNDERTAKER Curley-Fitzpatrick Funeral Home (Address) 700 E. Baltimore

20. FILED 141933 Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-33

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1933 to 3-13 1933

I last saw h[illegible] alive on 3-13 1933 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	3-13

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-13-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88515

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 Eastern Ave. St., 1-91 Ward)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MINNIE HARRIS.

(a) Residence: No. 2531 Eastern Ave. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Harris.

6. DATE OF BIRTH (month, day, year) Mar. 16 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Valentine Siefert.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Gerdlick.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary C. Clark (Daughter)
(Address) 239 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathederal Cem. Date Mar. 15 1933

19. UNDERTAKER Lilly a Zeiler INC.
(Address) 403 S. Wolfe St.

20. FILED MAR 14 1933 [illegible] Registrar

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1932 to March 12 1933
I last saw h.. alive on March 11, 1933 Death is said to have occurred on the date stated above, at 6:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-31-32

Other contributory causes of importance:

Name of operation ..... Date of ..

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) 1937 Gough St.

M. D. B. 1268-9

88516

HEALTH DEPARTMENT—CITY OF BALTIMORE 88516

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Keller

(a) Residence: No. 616 N. Washington St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Keller

6. DATE OF BIRTH (month, day, year) Sept 30 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md (State or country)

FATHER

13. NAME Jacob Keller

14. BIRTHPLACE (city or town) Balto., Md (State or country)

MOTHER

15. MAIDEN NAME Mary Essler

16. BIRTHPLACE (city or town) Balto., Md (State or country)

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Mch. 16, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED MAR 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1933, to 3/13, 1933

I last saw him alive on 3/13, 1933. Death is said to have occurred on the date stated above, at 10.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured T Bubon Large intestine	5 days
Peritonitis	5 days

Other contributory causes of importance:

Extensive Pulmonary Tuberculosis	2

Name of operation Laparotomy & drainage Date of 3/8/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury,

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

Information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 88517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88517

CERTIFICATE OF DEATH

v 46

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1228 N. Gurley ST., 8-01 WARD)

2—FULL NAME Thornton R. Townsend.

(a) RESIDENCE NO. 1228 N. Gurley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Townsend

6 DATE OF BIRTH (month, day, and year) aug 3- 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	7	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. of 9

(b) General nature of industry, business, or establishment in which employed (or employer) Sugar Refinery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Thomas J. Townsend.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Susan Mobray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Amelia Townsend wife.

(Address) 1228 N. Gurley St

15 Filed MAR 14 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March. 12/33

17 I HEREBY CERTIFY, That I attended deceased from aug. 12, 1932, to march 12, 1933

that I last saw him alive on march 11, 1933

and that death occurred, on the date stated above, at 1 25a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) ... yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of aug 17-32

Was there an autopsy? None.

What test confirmed diagnosis? Microscopic.

(Signed) Thos. J. Stevens, M. D.

3-12-1933 (Address) 2878 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Mar. 14 1933

UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light St.

important. See instructions on back of certificates.

M. D. B. 1268-9

E 88518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~46

E 88518

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Poplar Grove St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth 66 yrs. 4 mos. 4 ds.

2. FULL NAME William L. Wooden

(a) Residence: No. 717 Poplar Grove St., ... Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Wooden

6. DATE OF BIRTH (month, day, year) About Nov-8-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 66	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

FATHER

13. NAME William L. Wooden

14. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

MOTHER

15. MAIDEN NAME Elizabeth Pitts

16. BIRTHPLACE (city or town) (State or country) Hampstead Massachusetts

17. INFORMANT Estelle Woodward

(Address) 717 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 14 1933

19. UNDERTAKER Stewart Mortuary

(Address) Huntington Ave. Baltimore, Md.

MAR 14 1933

20. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to March 12 1933

I last saw h. alive on March 11 1933 Death is said to have occurred on the date stated above, at 6-5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	6 or 7 mos

Other contributory causes of importance:

general Carcinomatosis

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 88519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88519

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1516 Gilmor St. 15-01 WARD)

2-FULL NAME (Infant) Douglas

(a) RESIDENCE NO. 1516 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-11-1933

7 AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elmo Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) U S

12 MAIDEN NAME OF MOTHER Ethel Tignor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elmo Douglas

(Address) 1516 Gilmor

15 Filed MAR 14 1933

Huntington Pollard, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar 11 1933, to Mar 14 1933, that I last saw him alive on Mar 13 1933, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows: Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman, M. D.

(Address) 2037 McCulloh

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3/14/1933

20 UNDERTAKER: Wm. George St. Holland

ADDRESS: 1031 Druid Hill Ave

TION is very important See instructions on back of certificate.

M. D. B. 1268-0

88520

HEALTH DEPARTMENT—CITY OF BALTIMORE

88520

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora M. Kirkwood

(a) Residence: No. 605 S. Lehigh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kirkwood

6. DATE OF BIRTH (month, day, year) March 29 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Elec. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Wm. H. LeBrun

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary E. Schefflein

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary E. LeBrun

(Address) 602 S. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemt. Date Mar. 15, 1933

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St. Huntington Apartments, Md.

MAR 14 1933

(Date received) 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
from Self Induced Abortion	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Next Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Pleasants M. D.

Coroner

(Address) 1300 N. Patterson Park

M. D. R. 1368-2

E 88521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88521

93-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Eaton St. St. 26-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katharine E. Brown

(a) Residence: No. 817 S. Eaton St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles M. Brown

6. DATE OF BIRTH (month, day, year) July 26, 1879

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	7	16 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Fersterman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Susan Uhland

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Charles M. Brown
(Address) 817 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemt. Date Mar. 15, 1933

19. UNDERTAKER Geo. W. Zinkler
(Address) 1727 E. Eager St.

20. FILED MAR 14 1933 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h— alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Infection	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. P. Sturgeon M. D. Coroner

(Address) 3021 Pelham Park

M. D. B. 1268-9

88522 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88522

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E. Monument St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary A. Preller

(a) Residence: No. 1704 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Preller

6. DATE OF BIRTH (month, day, year) Aug. 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	69	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Gaff

14. BIRTHPLACE (city or town) ------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Judge

16. BIRTHPLACE (city or town) ------- (State or country) Ireland

17. INFORMANT Andrew J. Preller
(Address) 1704 E. Monument Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 3/15 19 33

19. UNDERTAKER Henry U. Mears and Son
(Address) 505 N. Eutaw St.

(Signed) Huntington Pittsmann M. D.

MAR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932 to March 12, 1933

I last saw h-- alive on March 11, 1933 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis and cardiac hypertrophy	
On Nov 27, 1931 S45-260	
Other contributory causes of importance: Hypertension of six years duration to my knowledge.	

Name of operation None Date of

What test confirmed diagnosis? auscultation + percussion Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Bouchelle M. D.

(Address) 210 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1261

88523

HEALTH DEPARTMENT—CITY OF BALTIMORE

88523

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5108 York Road St. 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

2. FULL NAME J. Anton Bokel

(a) Residence: No. 5108 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen T. Gallagher

6. DATE OF BIRTH (month, day, year) Oct. 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore A. Bokel

14. BIRTHPLACE (city or town) (State or country) -------- Germany

MOTHER

15. MAIDEN NAME Johanna -------

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT Paul A. Bokel
(Address) 5108 York Road

18. BURIAL, CREMATION, OR REMOVAL Interment
Place St. Mary's Cem. Date 3/15 19 33

19. UNDERTAKER Henry W. Meads and Son
(Address) 802 N. Eutaw Street

20. FILED [illegible] 19 [illegible]

AD 14 1022

state CAUSE OF DEATH in plain terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to March 12, 1933

I last saw h[illegible] alive on March 12, 1933 Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyc. Myocarditis	1931
Chr. Int. Nephritis	1931
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Name of operation ---------- Date of ----------

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 811 Sheridan Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 88524

159 E 88524

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 340 S Ellamont a ST. 15-01 WARD)

2-FULL NAME Doris O'Hara

(a) RESIDENCE NO. 340 S Ellamont a ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wh	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 3-13-33

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER James ~~Patrick~~ O. Hara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Doris Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md.

14 Informant (Address) Doris Krause 340 S Ellamont a

15 Filed MAR 14 1933 Huntington Pathological Lab.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1933

17 I HEREBY CERTIFY, That I attended deceased from 3-13, 1933, to 3-13, 1933.

that I last saw h[illegible] alive on 3-13-, 1933

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(abt 7 mos.)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) S. Dennis M. D.

3-14 1933 (Address) resident atts Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park

DATE OF BURIAL 3/14 1933

20 UNDERTAKER H. C. Browning Sons

ADDRESS 1136 Pulaski Hwy

CAUSE OF DEATH. See instructions on back of certificates.

M. D. B. 1268-9

E 88525 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88525

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 10 ward (Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME alias Dorothy Wilson of Lula Pierce

(a) Residence: No. 8 N. Stricker St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-16-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	2	4 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 2-26

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Rising Sun, Md

MOTHER FATHER

13. NAME Merritt Wilson (Pierce)

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hibera Brummel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Md. March 1933

19. UNDERTAKER J. E. Tyson
(Address) Rising Sun Md

20. FILED [illegible] Registrar.

MAR 14 1933

V. O. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-33

22. I HEREBY CERTIFY, That I attended deceased from 3-11-33 to 3-14-33

I last saw h[illegible] alive on 3-14-33 Death is said to have occurred on the date stated above, at 2:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	3-9-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

3-14-33 (Signed) [illegible] M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88526

CERTIFICATE OF DEATH

107-001 C 88526

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Harford Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Clarence Dietrich

(a) Residence: No. 2926 Harford ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margarella J Dietrich

6. DATE OF BIRTH (month, day, year) Dec 14th 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year) 2m

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adam Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Logan

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs J Clifford Dietrich (Address) 2926 Harford ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date Mar 15, 1933

19. UNDERTAKER Geo Schilling & Sons (Address) Arlington & Fairmount sts

20. FILED APR 14 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1933, 1933, to March 13, 1933

I last saw h/ alive on March 12, 1933. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1933
Other contributory causes of importance:	
Hypertension - many years	
Excessive emotional strain	1930
Recent broncho-pneumonia	Feb 1933

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sydney R Miller M. D.

(Address) 1105 St Paul St

M. D. B. 1268-8

88527 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88527

CERTIFICATE OF DEATH

1. PLACE OF DEATH Convent of the Good Shepherd 108 Registered No. .....
CITY OF BALTIMORE: (No. Mount & Hollins St.) 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary of St. Victor (Mary Ann Maney)
(a) Residence: No. Convent of Good Shepherd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7th, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 70
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cork, Ireland

FATHER
13. NAME Timothy Maney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Brady
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of Good Shepherd
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3/15 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

21. FILED [illegible]

AR144933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1933, to March 10th, 1933
I last saw h.e.r. alive on March 13th, 1933. Death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	March 6th '33

Other contributory causes of importance:
Cor

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) J. A. Chatard, M. D.
(Address) 1303 Mount St.

State CAUSE OF DEATH in plain terms, so that any physician may understand it. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1268-a

E. 88528 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 88528

CERTIFICATE OF DEATH

43

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

Life

2. FULL NAME George Baytop

(a) Residence: No. 1540 W. St. Mary St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther —

6. DATE OF BIRTH (month, day, year) 3-11-1910

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
23	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 04-0

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Baytop

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sadie Morris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date March 1933

19. UNDERTAKER [redacted]

(Address) [redacted]

20. FILED [redacted] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-33

22. I HEREBY CERTIFY, That I attended deceased from 3-5-33, 19.. to 3-9-33, 19..

I last saw him alive on 3-9-33, 19.. Death is said to have occurred on the date stated above, at 2:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptothricosis of lungs	?
	?

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-13-33 (Signed) Chas. G. Weisenburger M. D.

(Address) Balto. City Hospitals

14 1933

E 352 RPW

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88529 88529

CERTIFICATE OF DEATH

34 E 88528

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Stewart

(a) Residence: No. 1172 E. Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 2-2-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	— 1	— 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

FATHER

13. NAME Alexander —

14. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

MOTHER

15. MAIDEN NAME Fannie Giddings

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date March 14 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Registrar.

MAR 14 1933

0250

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1933 to 3-17 1933

I last saw him alive on 3-17 1933 Death is said to have occurred on the date stated above, at 3:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	3-1-13

Other contributory causes of importance: None

None

Name of operation Surgical Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

3-13-33 (Signed) Elmer Higbergs M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88530

CERTIFICATE OF DEATH.

REGISTERED NO. 82-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Eutaw Place) (WARD) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Enston Hutto Mayer

(a) RESIDENCE. NO. Ellicott City, ST. Maryland

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Edna Etta Mayer

6 DATE OF BIRTH (month, day, and year) July 28, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter, asst.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atterson Const Co.

9 BIRTHPLACE (city or town) (State or country) Prosperity, S.C.

PARENTS

10 NAME OF FATHER Elbert Thompson Mayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prosperity, S.C.

12 MAIDEN NAME OF MOTHER Carrie Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prosperity, S.C.

14 Informant Father

(Address)

15 Filed MAR 14 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1933

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to March 14 1933, that I last saw h[illegible] alive on March 14, 1933, and that death occurred, on the date stated above, at 9.05 a.m.

The CAUSE OF DEATH* was as follows:

Left lateral sinus thrombosis

Streptococcus viridans septicemia

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute mastoiditis, Lt.

(duration) yrs. mos. 34 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3.6.33

Was there an autopsy? Yes

What test confirmed diagnosis? (autopsy)

(Signed) Philip A. Hallman M. D.

19 (Address) 12 E Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia S C

DATE OF BURIAL 3/15- 1933

20 UNDERTAKER J. C. Hagenbothan

ADDRESS Ellicott City

CAUSES OF DEATH MUST BE STATED PLAINLY. SEE INSTRUCTION is very important. See instructions on back of certificates.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88531

CERTIFICATE OF DEATH

E 88531

1. PLACE OF DEATH

Registered No. 93-003

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Hynds

(a) Residence: No. 207 W. Chesapeake Ave Towson, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville, South Carolina

FATHER

13. NAME William C. Hynds

14. BIRTHPLACE (city or town) (State or country) Hamilton, Can.

MOTHER

15. MAIDEN NAME Mary Louise Parker

16. BIRTHPLACE (city or town) (State or country) Charleston, S.C.

17. INFORMANT K. M. Brown
(Address) 207 W. Chesapeake Ave, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date March 17 19 33

19. UNDERTAKER John Burns Sons
(Address) Funeral Directors Towson, Md.

20. FILED 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 11.55. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Chr. Myocarditis	????
Other contributory causes of importance:	
General Arteriosclerosis	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] M. D.
Coroner

(Address) 508 E York

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88532 E 88532

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 79-001

CITY OF BALTIMORE: (No. Balto Md St. E-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Henry F. Engel

(a) Residence: No. 1921 S Preston St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) Oct 18. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
67	68	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 62

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Frank Engel

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Margaret Rohe

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Maria Cemetery Date March 16, 1933

19. UNDERTAKER August Pasek.

(Address) 2406 E Ashland Ave.

20. FILED ..... Registrar.

R 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-33

22. I HEREBY CERTIFY That I attended deceased from 3-9-33 to 3-14-33

I last saw h[illegible] alive on 3-14-33 Death is said to have occurred on the date stated above, at 5:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	3-9-33

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-14-33 (Signed) Elmer H. Abrahe M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88533

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) 3609 Ellamont St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. F. Connor.

(a) Residence: No. 3609 Ellamont St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) Sept 9-1863

7. AGE: Years 70 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thos F. Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McGarry

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary E. Connor.
(Address) 3609 Ellamont

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/15, 1933

19. UNDERTAKER Martin Oakey & Sons
(Address) 527 W. North Ave.

20. FILED ... 19... Registrar.

R 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 C. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Leek M. D.
Coroner

(Address) Govans

M. D. B. 1268-9

E 88534 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88534

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No. Red Lion Rd. St.) 28-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Naughtel

(a) Residence No. 4402 Ridgelea St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Maggie

6. DATE OF BIRTH (month, day, and year): Oct 31-1864

7. AGE — Years: 68 | Months: 4 | Days: 12 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plastic Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: 057

12. BIRTHPLACE (city or town) (State or country): Red Lion Pa

FATHER

13. NAME: Harry Naughtel

14. BIRTHPLACE (city or town) (State or country): Red Lion Pa

MOTHER

15. MAIDEN NAME: Lizzie Wolfenden

16. BIRTHPLACE (city or town) (State or country): Red Lion Pa.

17. INFORMANT (Address): Maggie F. Naughtel 4402 Ridgelea

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 16th 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St Huntington W. Va.

MAR 14 1933 19... J. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	
Arteriosclerosis	

Other contributory causes of importance: Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner M. D.

(Address) ...

M. D. B. 1268-0

E 88535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88535

CERTIFICATE OF DEATH

72-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Kenwood ave St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T Tierney

(a) Residence No. 29 N Kenwood ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Tierney

6. DATE OF BIRTH (month, day, year) May 4 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (H O)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired (Paste Co)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Agnes Rae
(Address) 29 N Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date March 15-33

19. UNDERTAKER Chas E Walsh & Co
(Address) Huntington Williams Rep.

APR 14 1933

OCPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to March 12, 1933

I last saw h... alive on March 12, 1933 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Jan. 1/33

Other contributory causes of importance:

Arteriosclerosis Disease	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Abram F. Lemmon M. D.

(Address) 718 N Patterson Pk Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88536

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Balto City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto Md St. 16-01 (Ward))

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Westley Fox

(a) Residence: No. 821 Carlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisabeth —

6. DATE OF BIRTH (month, day, year) — ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Md

FATHER

13. NAME Westley

14. BIRTHPLACE (city or town) (State or country) Cockeysville, Md

MOTHER

15. MAIDEN NAME Eliza —

16. BIRTHPLACE (city or town) (State or country) Cockeysville Md

17. INFORMANT Record Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date March 15th 1933

19. UNDERTAKER Archibald & Gladys

(Address) 2101 E. Eutaw St.

20. 1[illegible] Hampton Williams M.D. Registrar.

R 141933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1932 to 3-12, 1933

I last saw h[illegible] alive on 3-12, 1933 Death is said to have occurred on the date stated above, at 4:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-7-33
Other contributory causes of importance: Hemorrhage into left cerebral ventricle	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

3-13-33 (Signed) Elmer A. Rubey Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88537 E 88537

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Elm Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dr.

2. FULL NAME William C. Freeland

(a) Residence: No. 3708 Elm Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 12 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John F. Freeland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriet McCommons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William C. Bowser
(Address) 3708 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hereford, Balto Co. Date March 15 1933

19. UNDERTAKER Horace F. Burgee
(Address) 4631 Frolla Road

20. FILED [illegible] Registrar.

MAR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1933 to Mar 13 1933

I last saw him alive on Mar 12 1933 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Ch.	Seven yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward H. [illegible] M. D.

(Address) 2020 N. Charles

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88538

E 88538

CERTIFICATE OF DEATH

X 94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emmett E. Peters

(a) Residence: No. 1701 16th St NW Washington D.C. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/9/75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58		3 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investments

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Island Va

FATHER

13. NAME Ann Williams

14. BIRTHPLACE (city or town) (State or country) Big Island Va

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT William Parker

(Address) Emerson Hotel

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D.C. Date 3-14, 1933

19. UNDERTAKER Wm Cook

(Address) 117 E St Upper Marlboro, Md

20. FILED 1 4 1933 Registrar. R.B.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on June 1, 19..... Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Unknown
Other contributory causes of importance: Coronary Thrombus	Sudden

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James M. Fenton, M. D. Coroner

3/14/33 (Address) 700 E Chase

M. D. B. 1268-9

E 88539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88539

CERTIFICATE OF DEATH

184

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 E. Pratt St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN A. LANG.

(a) Residence: No. 3500 E. Pratt St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Dec. 12 1909.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew W. Lang.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna M. Baummer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Gertrude Urie
(Address) 3500 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar. 15 1933

19. UNDERTAKER Lilly & Zeller Inc
(Address) 403 S. Wolfe St.

20. FILED MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12 1933.

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound of Head	
Accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 3/12 1933

Where did Injury occur? 3500 E Pratt St
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place Home

Manner of Injury Gunshot

Nature of Injury Laceration of Brain

24. Was disease or Injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. Bonaparte Coroner, M. D.

(Address) 1305 N. Fulton Ave.

M. D. B. 1268-9

88540 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 88540

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St., 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Hoeweler

(a) Residence: No. 1408 Jefferson St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Jos. Horsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Horsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Relative City Hospitals Balto. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem Date 3-17th 1933

19. UNDERTAKER Jas. H. Spencer (Address) 1625 E. Fred St

20. FILED Huntington Pharmacy

3 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-33

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1932 to 3-14 1933

I last saw h alive on 3-14 1933 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3-9-33
Other contributory causes of importance:	
~~Cystitis~~ Arteriosclerosis	?
	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-14-33 (Signed) Elmer Hofsbeyer M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

88541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88541

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Hillman ST. 10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Manson Fields

(a) RESIDENCE No. 909 Hillman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Fields

6 DATE OF BIRTH (month, day, and year) — 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steel-worker

(c) Name of employer Jno. S. Bland

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER John Fields

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Maggie Fields

(Address) 1330 N. Calhoun St

15 Filed MAR [illegible] Huntington Indiana [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14 1933

17 I HEREBY CERTIFY, That I attended deceased from 3-11, 1933, to 3-14, 1933.

that I last saw him alive on 3-14, 1933,

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Wm. R. Blakk, M.D.

19 (Address) 924 Fairmount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackstone Va

DATE OF BURIAL Mch 17 1933

20 UNDERTAKER Ida Snowden

ADDRESS 1129 N. Caroline

M. D. B. 1268-9

E 88542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88542

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Balto City Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-61 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H Myers

(a) Residence: No. 1231 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Clara Myers

6. DATE OF BIRTH (month, day, year) Aug 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nathaniel Myers

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary J. Tyttle

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery Date March 16 1933

19. UNDERTAKER Henry Koch & Sons Inc
(Address) 1301 E. Eager St

20. FILED ..... [illegible] Registrar

MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1933 to 3-13 1933

I last saw him alive on 3-13 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	?
Bladder	?
	over
Other contributory causes of importance:	
Anemia	3/6

Name of operation Cystoscopy Date of 3/8/33

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Selby M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

88543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88543

CERTIFICATE OF DEATH

REGISTERED NO. 23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1331 Myrtle (ST.) 17-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leroma Jackson

(a) RESIDENCE NO. 1331 Myrtle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Jackson

6 DATE OF BIRTH (month, day, and year): 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Greenville Va

PARENTS

10 NAME OF FATHER: Frank Reddeu

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cow Pen Md

12 MAIDEN NAME OF MOTHER: Sallie Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Sallie Reddeu

(Address): 1331 Myrtle Ave

15 Filed MAR 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13 1933

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to Mar 13, 1933, that I last saw her alive on March 8, 1933 and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Non Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) Thos J Woolridge, M. D.

3/14, 1933 (Address) 703 W Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 3/15 33

20 UNDERTAKER: Samuel D Kennedy

ADDRESS 578 W Biddle

M. D. B. 1268-9

88544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88544

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Moyl

(a) Residence: No. 414 Myrtle ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Moyl

6. DATE OF BIRTH (month, day, year) Sept 16 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edgar Jewell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susie Warner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Susie Jewell

(Address) 414 myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Easley Va Date 3/16 33 19

19. UNDERTAKER Emmert F. Burkert

(Address) 3787 Baltimore

R 15 1933 Huntington W. Va. 3/14/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on Autopsy 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis	
Hemorrhage Throat	
Bullet Wound	
through abdomen	
puncturing Stomach	

Other contributory causes of importance:

Colon + Intestines

Murder

Name of operation Laparotomy Date of .....

What test confirmed diagnosis autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Murder Date of injury Mar 10 1933

Where did injury occur? Myrtle ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on Street

Manner of injury Gun Shot Wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton M. D.
Coroner

3/14/33 (Address) 700 E Chas

Spec.—2-29-28—L. F. S.—500 Bks.

E 88545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88545

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 534 Sandford Pl. ST. 14-01 WARD)

2—FULL NAME Jacob Obey

(a) RESIDENCE NO. 534 Sandford Pl ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored.	Widowed.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sallie Obey

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte Co Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Mary Day

(Address) 534 Sanford Pl.

15 Filed MAR 15 1933 Registrar Huntington Woodlands, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1933, to Mar. 12, 1933,

that I last saw h alive on Mar. 12, 1933

and that death occurred, on the date stated above, at 6-50 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

Dont know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of nature

Dont know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of xxx

Was there an autopsy? No

What test confirmed diagnosis? xxxxx

(Signed) H. White, M. D.

, 19 (Address) 1001 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Mar 16 1933

20 UNDERTAKER Thomas E. Kelso

ADDRESS 1303 Pressman St

M. D. B. 1268-9

88546 HEALTH DEPARTMENT—CITY OF BALTIMORE 88546

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Brown

(a) Residence: No. 419 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18-190[illegible]

7. AGE Years 28 Months 5 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah Brown

(Address) 419 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 17 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston

20. FILED MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible], to [illegible] I last saw h[illegible] alive on [illegible] Autopsy and that death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Ulcerated Tumor of Neck	
Other contributory causes of importance: Sudden (Major)	

Name of operation Autopsy Date of [illegible]

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Injury [illegible] 19[illegible]

Where did injury occur? 419 North Gilmor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luark M. D.

Coroner

(Address)

M. D. B. 1268-9

88547 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 88547

CERTIFICATE OF DEATH

93003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 W. Fayette St. 20-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas V. Craig

(a) Residence: No. 2215 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Mary Doscey

6. DATE OF BIRTH (month, day, year) Aug 12 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surps 030

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 8.

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Craig

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Craig
(Address) 2215 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 16 1933

19. UNDERTAKER Chas L Sterns
(Address) 1501 E Fort Ave

MAY 15 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10 1933 to March 12 1933

I last saw h.e alive on March 12th. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	10 yrs
General arteriosclerosis	10 yrs.
Senility	

Other contributory causes of importance:
Acute cardiac dilatation & pulmonary edema

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Andrew E. Cale M. D.

(Address) 4 N. Fulton Ave.

Spec.—1-10-23—M&T—1500 Bks.

88548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88548

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 W West St. ST. 23-01 WARD)

2-FULL NAME Thomas S Murray

(a) RESIDENCE NO. 13 W West. ST. / WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White.

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 1846.

7 AGE Years 87 Months Days 33 21 If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watch maker

(b) General nature of industry, business, or establishment in which employed (or employer) " 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER Thomas S Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Fraser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Robert W Murray
(Address) 40 S. W. Baltimore

15 MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1933.

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 1933 to March 14 1933

that I last saw him alive on March 13 1933.

and that death occurred, on the date stated above, at about 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis.

about 6

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Valvular disease of the heart, (duration) 2 more years yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.

, 19 (Address) 1215 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL 3/16 1933

20 UNDERTAKER Richard St. Gregor ADDRESS 1620 Arlington Ave

TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 88549

88549

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 617 N. Bruce (Bricey) St. 16-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Beatrice Irene Walters

(a) Residence: No. 617 N. Bruce St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 7-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Roanoke Va

FATHER

13. NAME John Walters

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Beckelheimer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Walters
(Address) 617 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date March 16- 1933

19. UNDERTAKER Charles L. Schwab
(Address) 5054 Pimlico Rd.

FILED ... (Registrar) ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 cc 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	3 months
Rheumatism	6 months

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

28. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Tuck M. D.
Coroner

(Address) Roanoke

M. D. B. 1268-9

E 88550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 E 88550

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 N. Curley St. 6-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Libby Thalheimer

(a) Residence: No. 162 N. Curley St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Edwin J. Thalheimer

6. DATE OF BIRTH (month, day, year) March 21-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pleasant Virginia

FATHER

13. NAME Edwin Rohne

14. BIRTHPLACE (city or town) (State or country) Pleasant Virginia

MOTHER

15. MAIDEN NAME Emma B. Groome

16. BIRTHPLACE (city or town) (State or country) Pleasant Virginia

17. INFORMANT Edwin J. Thalheimer
(Address) 162 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Date March 16 1933

19. UNDERTAKER Frank J. Pikitonis
(Address) 2115 E. Baltimore St.

Huntington Pikitonis
Registrar.

MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 - 1932 to March 14 - 1933

I last saw her alive on March 12 - 1933 Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

none	

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
no If so, specify .....

(Signed) Chester Rulands M. D.

(Address) 2532 Edmondson Ave.

M. D. H. 1268-9

88551 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88551

CERTIFICATE OF DEATH

Registered No. 178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Bond St. St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 47 yrs. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME MARY BLOME.

(a) Residence: No. 605 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of John Blome.

6. DATE OF BIRTH (month, day, year) Nov. 13, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	79	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George W. Blome (Son)
(Address) 4630 Elsrode Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Mar. 16, 1933

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 403 S. Wolfe St.

20. Filed MAR 15 1933 at Lington Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, about 10.30 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Other contributory causes of importance: Probably Myocardial Insufficiency ?	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Probably Accidental
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. J. Baccin M. D.
Coroner

(Address) 506 E. Monument

M. D. B. 1268-9

88552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88552

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Eierman Ave. St., 27 Ward)

Length of residence in city or town where death occurred About 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ETHEL KARL.

(a) Residence: No. 4022 Eierman Ave. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Karl.

6. DATE OF BIRTH (month, day, year) Mar. 17.1895.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME John Wolters

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John Karl (Husband)
(Address) 4022 Eierman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 17, 1933

19. UNDERTAKER Kelly & Zeller Inc.
(Address) 403 S. Wolfe St.

MAR 15 1933 Huntington Pennsylvania, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	??

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signed J. S. Coffin Coroner, M. D.

(Address) 508 E Main St

M. D. B. 1268-9

E 88553 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88553

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 E Hamburg St. 24-06 Ward)

Length of residence in city or town where death occurred 61 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert V. Cathell

(a) Residence: No. 413 E Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine G Cathell

6. DATE OF BIRTH (month, day, year) Aug 12 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James R Cathell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E Roberts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Catherine G Cathell

(Address) 413 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 16, 1933

19. UNDERTAKER John F Dannry

(Address) 1115 Light St

20. FILED ..... 19 ..... Huntington Williams, Registrar.

MAR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1933, to Mar 12, 1933

I last saw h.. alive on Mar 12, 1933. Death is said to have occurred on the date stated above, at 4 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Heart decease	Lifetime
Other contributory causes of importance:	
Bronchitis	2 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

M. D. (Signed) ..... M. D.

(Address) 1315 Light St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88554

CERTIFICATE OF DEATH

E 88554

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4413 Elderon Ave St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie L. Clarke

(a) Residence: No. 4413 Elderon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Clarke

6. DATE OF BIRTH (month, day, year) Jan 27, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Lambden

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Wilbur L. Clarke

(Address) 4413 Elderon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/15 1933

19. UNDERTAKER G. Vernon Lemmon

(Address) 4611 Park Heights Ave.

20. FILED MAR 15 1933 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 1/33 19 to March 13 1933.

I last saw h[illegible] alive on March 12 1933. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Jan 1/33
Other contributory causes of importance: arteriosclerosis	about 1928
Hypertension	1928

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter D. Tublett M. D.

(Address) 2220 Harrison Blvd

M. D. B. 1268-9

E 88555 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 126 E 88555

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs., ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Carter

(a) Residence: No. Chesapeake City Md St., ... Ward. Chesapeake City Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Benjamin Carter

6. DATE OF BIRTH (month, day, year) Dec 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	53	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Bowden

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Henretta Riley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cemetery Md Date Mar. 15 1933

19. UNDERTAKER H. W. Pippin
(Address) Elkton Md

20. F... Huntington Funeral Home
Registrar.

MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933 to March 13, 1933

I last saw h... alive on March 11, 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with Cholelithiasis	?
Other contributory causes of importance:	
Syncope Ether	16 hrs

Name of operation Cholecystectomy Date of 3/14/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Howard L. Bayne M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88556 E 88556

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Patrick

(a) Residence: No. 124 N. Pearl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Patrick

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Port Auburn Cem. Date 3-15 1933

Domestic Chapel

19. UNDERTAKER 216 [illegible] Ave

(Address)

FILED MAR 15 1933 [illegible] N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1933 to 3-12, 1933

I last saw her alive on 3-12, 1933 Death is said to have occurred on the date stated above, at 6:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar & Lobular Pneumonia	5-6 wks
Pneumococcic Endocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 88557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88557

93003

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Masonville Brooklyn — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3308 Matson St. 25th Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Arnold

(a) Residence: No. 3308 Matson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary F. Arnold

6. DATE OF BIRTH (month, day, year) Dec. 29-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
73	2	14	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sewyer, bookkeeper, etc. — Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Self
10. Date deceased last worked at this occupation (month and year) — 08
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — a. a. Co. Md

FATHER

13. NAME — Samuel Arnold
14. BIRTHPLACE (city or town) (State or country) — a. a. Co. Md

MOTHER

15. MAIDEN NAME — Watts
16. BIRTHPLACE (city or town) (State or country) — a. a. Co. Md

17. INFORMANT — Mrs. John B. Rose
(Address) 2914 Sherwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 16, 1933

19. UNDERTAKER — George E. Schwab
(Address) 2101 Pendrick Ave.

MAR 15 1933 — Huntington Undertaking Co. INC.
(Filed) (Registered)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 3rd, 1933 to Mar. 13th, 1933

I last saw him alive on 3/13, 1933 death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932

Other contributory causes of importance:

Complications

Name of operation... No Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Baughe, M. D.
(Address) 1340 Druid Park

M. D. B. 1268-9

88558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88558

CERTIFICATE OF DEATH

49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Reisterstown Rd St. 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eloise Paffleman

(a) Residence: No. 3118 Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Erasmus

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nathan Silver

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Sharey Rgyn Date 3-15-33 19....

19. UNDERTAKER Cook Levin Inc
(Address) 1452 E Balto St

20. FILED MAR 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from January 31 to March 14 1933

I last saw her alive on March 14 1933 Death is said to have occurred on the date stated above, at 12 midnight.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdominal cavity, secondary to malignant degeneration of papillo cyst adenoma of Ovary	1932

Other contributory causes of importance:

Name of operation Pelvic Laparotomy Date of 3/14/33

What test confirmed diagnosis? Clinical & Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Benj. Sarubin M. D.

(Address) 2128 W. North Ave

M. D. B. 1268-9

E 88559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88559

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Wilson.

(a) Residence: No. 16 r/1 Short Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maude Wilson

6. DATE OF BIRTH (month, day, year) May 16, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Hamlet Wilson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Ella Wood

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Maude Wilson
(Address) 16 r/1 Short Alley

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Date March 16 1933

19. UNDERTAKER Boston & Dennis & Wright
(Address) 128 McElderry St

20. FILED ..... By ..... Registrar.

APR 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1933 to Mar 11 1933

I last saw him alive on Mar 11, 1933 Death is said to have occurred on the date stated above, at 11.30 am PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	1931.
Tuberculous Meningitis	3-6-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

88560 HEALTH DEPARTMENT—CITY OF BALTIMORE F 88560

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH Balt. City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Hawkins

(a) Residence: No. 1637 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah 1863

6. DATE OF BIRTH (month, day, year) Nov. 21 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

FATHER

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

MOTHER

15. MAIDEN NAME Ann Moreland

16. BIRTHPLACE (city or town) (State or country) Chas Co. Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 3/15 1933

19. UNDERTAKER John J. Feheyfow
(Address) 1316 Light St

ENTERED MAR 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1932 to 3-11 1933

I last saw him alive on 3-11 1933 Death is said to have occurred on the date stated above, at 4:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	June 1932
Other contributory causes of importance: arteriosclerosis	?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

3-11-33 (Signed) Elmer Hirshberg M. D.

(Address) Balto. City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

E 88561

E 88561 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Druid Hill av ST. 11-01 WARD)

2. FULL NAME Cornelia Brown

(a) RESIDENCE NO. 1307 Druid Hill av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brown

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Coal Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Dennis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Freeland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mattie Brown daughter
(Address) 1522 W. 5th N.H. Wash D.C.

15 File No. 151933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/33

17
I HEREBY CERTIFY. That I attended deceased from Mar. 9, 1933 to Mar. 13, 1933
that I last saw h[illegible] alive on Mar. 13, 1933
and that death occurred, on the date stated above, at 1-15 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) about 3 years yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Jorgensen M. D.

3/14/33 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Drews Chapel A.A.Co. — DATE OF BURIAL March 16, 1933

20 UNDERTAKER Sam'l R. Chase & Son — ADDRESS 638 N. Gilmor

M. D. B. 1268-9

88562 HEALTH DEPARTMENT—CITY OF BALTIMORE B 88562

CERTIFICATE OF DEATH

X 210-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4-ab Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Franklin Ballard
(a) Residence: No. Owings Mills, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	0	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange, Va.

FATHER
13. NAME Joseph G Ballard
14. BIRTHPLACE (city or town) (State or country) Orange, Va

MOTHER
15. MAIDEN NAME Annie Kighting
16. BIRTHPLACE (city or town) (State or country) Madison Co. Va

17. INFORMANT Joseph G. Ballard
(Address) Owings Mills Balto Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Date March 16 1933

19. UNDERTAKER Harry Berry man & Sons
(Address) Reisterstown Md.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from
March 14, 1933, to
March 14, 1933 Death is said
I last saw him alive on
to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	3/14/33
Other contributory causes of importance: Automobile Accident	3/14/33

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/14, 1933
Where did injury occur? Reisterstown Rd nr. Owings Mills
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident.
Manner of injury Struck by auto while walking
Nature of injury Reisterstown Rd nr Owings Mills

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny M. D.
Coroner
(Address) 2200 E Madison St

M. D. R. 1944

88563

HEALTH DEPARTMENT—CITY OF BALTIMORE 88563

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Balto City Hospitals Balto Md 14-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Rebecca Poultney

(a) Residence: No. 311 N. Fulton ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evan Poultney

6. DATE OF BIRTH (month, day, year) aug 16 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Knott

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Agnes Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Geo Leitch City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 3/15-34 1933

19. UNDERTAKER Geo Leimbach (Address) 525 Lyndhurst St.

20. FILED MAR 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-33

22. I HEREBY CERTIFY, That I attended deceased from 8-29-32 to 3-15-33

I last saw h[illegible] alive on 3-15-33 Death is said to have occurred on the date stated above, at 10:01 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerose	12-1-32

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

3-15-33 If a woman, [illegible]

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88564

CERTIFICATE OF DEATH.

23 E 88564

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 436 N. Eden St 5-01 WARD)

2. FULL NAME George Henry Hockins

(a) RESIDENCE NO. 436 N. Eden St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm. Andrew Hockins

11 BIRTHPLACE OF FATHER (city or town) Vienna
(State or country) Md

12 MAIDEN NAME OF MOTHER Delia Sorrell

13 BIRTHPLACE OF MOTHER (city or town) Havre de
(State or country) Grace Md.

14 Informant Belle Smith
(Address) 436 N. Eden St.

15 [illegible] 1933 Huntington Pittsburgh, Pa.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13, 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1933, to Mar. 13th, 1933

that I last saw him alive on Mar. 12th, 1933

and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrumbosis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) unknown ms. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Raymond Browne M. D.

, 19 (Address) 1500 E. Madison

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. National cemetery

DATE OF BURIAL March 16th 1933

20 UNDERTAKER Milton Davis

ADDRESS 1416 Caroline St

M. D. B. 1268-9

88565

HEALTH DEPARTMENT—CITY OF BALTIMORE

46E 88565

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Callow Ave St, 13 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4th yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A Williams

(a) Residence: No. 2121 Callow Ave St, Ward.
(Usual place of abode) 38 yrs. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Williams

6. DATE OF BIRTH (month, day, year) Oct 28 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W Va

FATHER

13. NAME Wm F Williams

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

17. INFORMANT Mrs Fannie Williams
(Address) 2121 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 17, 1933

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

20. FILED MAY 15 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 7:40 PM

21. DATE OF DEATH (month, day, year) Mar 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 - 1933, to March 14, 1933

I last saw him alive on March 14, 1933. Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Liver.	Not known

Other contributory causes of importance:

nephritis	

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Robertson, M. D.

(Address) 718 Medical Arts Bldg

OCCUPATION IS VERY IMPORTANT. See that entries are complete.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88566

CERTIFICATE OF DEATH

131 E 88566

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 E. Preston St., 11-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawson Cuddy.

(a) Residence: No. 205 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Yes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eva B. Cuddy.

6. DATE OF BIRTH (month, day, year) Dec 3 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat building

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 27 yr

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME Lawson Cuddy.

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Martha E Herring

16. BIRTHPLACE (city or town) (State or country) Hurford Co. Md.

17. INFORMANT Eva B. Cuddy

(Address) 205 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date 3/16 1933

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

Baltimore Md

5 MAR 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3 1933 to March 15 1933

I last saw him alive on March 14 1933 Death is said to have occurred on the date stated above, at 12:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown
Other contributory causes of importance:	
Organic Heart Disease	unknown

Name of operation none Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88567

CERTIFICATE OF DEATH

E 88567

145-001

Registered No.

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Virginia Spaulding (Clara Virginia Spaulding)

(a) Residence: No. 606 Military Ave St., Pikesville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. William Spaulding

6. DATE OF BIRTH (month, day, year) Oct. 31 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3-4-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William W. Russell

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

MOTHER

15. MAIDEN NAME Mary Fannie Simmons

16. BIRTHPLACE (city or town) (State or country) Woodlawn Md.

17. INFORMANT Mr. William Spaulding
(Address) 606 Military Ave., Pikesville

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date March 16 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. [illegible] Registrar.

151933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1933 to 3-13 1933

I last saw her alive on 3-13 1933. Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	
Septicemia	3-10-33
(Virulent)	

Other contributory causes of importance:

Myocardial failure

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88568 88568

CERTIFICATE OF DEATH

9-E-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 E. 39th St., 9-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josiah A. Kinsey

(a) Residence: No. 514 E. 39th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Begnelle

6. DATE OF BIRTH (month, day, year) May 6, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Josiah Kinsey

14. BIRTHPLACE (city or town) ------- (State or country) Wales

MOTHER

15. MAIDEN NAME Emma Smyrk

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

17. INFORMANT Mrs. Mary A. Kinsey

(Address) 514 E. 39th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date 3/16 1933

19. UNDERTAKER Henry U. Meyers my Son

(Address) 805 N. Gilmor St.

Huntington Ave. Cemetery Boston Mass.

151933 # R.F.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933 to Mch 14 1933

I last saw him alive on Mch 14 1933 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1yr
Other contributory causes of importance:	
Myocarditis + Arteriosclerosis	1yr

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Gray M.D. M. D.

(Address) 6200 York Road

M. D. B. 1268-9

88569

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88569

CERTIFICATE OF DEATH

89-007 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St., 8-C-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Arthur Fromm

(a) Residence: No. 1302 Montford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Arthur Fromm

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Alberta Condon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Arthur Fromm
(Address) 1302 Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date March 17 33

19. UNDERTAKER John C. Miller
(Address) 2235 E. Oliver St

20. FILED Huntington Williamsburg Md.
15 1933 JNOT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933 19 ... to March 15th ... 1933

I last saw h. alive on March 15th 1933. Death is said to have occurred on the date stated above, at 2.55 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia - following acute mastoiditis.	
Acute Mastoiditis.	

Other contributory causes of importance:

Bronchitis.

Name of operation Mastoidectomy Date of 3/9/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Ed Wright M. D.

(Address) St Josephs Hosp

Spec.—2-29-28—L. F. S.—500 Bks.

E 88570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88570

REGISTERED NO. 82-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Madison ave. WARD) 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Luther A. Oliver

(a) RESIDENCE NO. 1215 Madison ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	Married

6 If married, widowed, or divorced HUSBAND of (or WIFE of) Florence M. Oliver

7 DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Hardwood

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wife (Address) 1215 Madison ave

15 Filed MAR 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1933

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 14, 1933, that I last saw him alive on March 13, 1933, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic symptoms

(Signed) C. H. Flowers, M. D.

(Address) 712 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Mar. 17 1933

20 UNDERTAKER Samuel W. Close & Son — ADDRESS 638 N. Gilmor

M. D. B. 1268-9

E 88571

E 88571 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Callow Ave (13-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Merton A. Birely

(a) Residence: No. 2224 Callow Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Margaret M. Birely

6. DATE OF BIRTH (month, day, year): Jan. 23, 1880

7. AGE: Years 53 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Straw Hat Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M. S. Levy Son

10. Date deceased last worked at this occupation (month and year): Feb. 33

11. Total time (years) spent in this occupation: 08

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

FATHER

13. NAME: A. D. Birely

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Jane Anders

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Margaret M. Birely

(Address): 2224 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL: Thurmont Md. Date Mar. 17 1933

Place

19. UNDERTAKER: Wm. Tucker Son

(Address): Ward & Graves.

20. FILED: MAR 16 1933 Huntington Indiana

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from March - 1, 1931 to March - 17, 1933

I last saw him alive on March - 13 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease - Endocarditis	3 mos
Other contributory causes of importance: Paralysis Agitans	3 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion Lee Shook M. D.

(Address) 5062 Sudbrook Lane

M. D. B. 1268-B

88572 E 88572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Walbrook Ave. Ward) 45-01

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Scott Amos.

(a) Residence: No. 1820 Walbrook Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Amos.

6. DATE OF BIRTH (month, day, year) Jan. 5, 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. York Carriage Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 066

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER

13. NAME Zacharia Amos.

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

MOTHER

15. MAIDEN NAME Caroline Moore

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mrs Elizabeth Amos.
(Address) 1820 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Mar 17 1933

19. UNDERTAKER Wm H. McKeever Sons
(Address) North & Pa Aves.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 10th 1933 to Mar 14th 1933

I last saw him alive on Mar 14th 1933 Death is said to have occurred on the date stated above, at 8.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:

Senility	about

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Byerly M. D.

(Address) 3015 E. Monument

M. D. 12

E 88573

E 88573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH: Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md St., 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mary Schwartz

(a) Residence: No. 320 S. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas 1855

6. DATE OF BIRTH (month, day, year): 9-26-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jacob Schwartz

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Sarah —

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT (Address): Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Place Western Cem. Date May 16 1933

19. UNDERTAKER (Address): Wm. Tickner & Sons Funeral Directors

20. FILED MAY 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1933 to 3-13, 1933

I last saw h alive on 3-13, 1933. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	3-13-31
Other contributory causes of importance: arteriosclerosis	?

Name of operation: none Date of: —

What test confirmed diagnosis: — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

3-17-33 (Signed) Alma Hilbert M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88574 E 88574

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E 21 St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Kleiman

(a) Residence: No. 300 E 21 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Sigmund.

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Horowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Davidow

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Kleiman
(Address) 300 E 21 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date March 16 1933

19. UNDERTAKER Sol Kimmel & Bro
(Address) 17 E Balto St

20. FILED 19 Registrar.

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933 to March 15th, 1933

I last saw her alive on March 14th, 1933. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	
Mitral Stenosis	
Cardiac Decompensation	
AURICULAR FIBRILLATION	

Other contributory causes of importance:

Cerebral Embolism

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alex A Weinstock M. D.

(Address) 713 Cresgeuth St

A&Co. 5-31 250B

88575 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88575

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3354 Strickland St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Lee

(a) Residence: No. 3354 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Lee

6. DATE OF BIRTH (month, day, year) Sept 2nd 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 206

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. E. Jones

(Address) 3357 Strickland St.

18. BURIAL, CREMATION, OR REMOVAL Place Dee Memorial Date 3/18/1933

19. UNDERTAKER 1300 Eutaw Place

(Address)

APR 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1933, to Mar 15, 1933

I last saw him alive on Mar 15 1933 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

cardiac decompensation	2 wks.

Name of operation none Date of —

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Lyons, M. D.

(Address) 3321 Fredk Ave

M. D. R. 1248-6

88576

E 88576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 W Lexington St 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. — mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Jno. Timanus

(a) Residence: No. 1944 W Lexington St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Timanus

6. DATE OF BIRTH (month, day, year) Feb 26 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	—	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Timanus

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah E. Pillsbury

16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT Rose Timanus

(Address) 1944 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/16/33

19. UNDERTAKER F. D. Nuttwell

(Address) Baltimore Md

20. FILED ... 19... Registrar.

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8 1933 to Mar 13 1933

I last saw him alive on Mar 13 1933 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Mar 1933
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

3/15/33 (Signed) A Kelly Herring M. D.

(Address) 2000 Hallins Rd

M. D. B. 1268-9

CERTIFICATE CORRECTED 10-22-57

88577 HEALTH DEPARTMENT—CITY OF BALTIMORE 88577

CERTIFICATE CORRECTED 5-13-50

CERTIFICATE OF DEATH

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 Maine Ave St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma Applestein

(a) Residence: No. 3914 Maine Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Applestein

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nour Applestein Kirschl

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Applestein (Daughter)
(Address) 3914 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Shaw Memorial Date 3-16-33 19...

19. UNDERTAKER Jack Levin Jr.
(Address) 1139 E. Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to March 15, 1933

I last saw h.er alive on March 13, 1933. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Lungs)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Mercy Lane

2320 Eutaw Place - Cemetery

M. D. B. 1268-9

E 88578 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83578

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4120 Alto Road St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Rosentrin Kellman

(a) Residence: No. 4120 Alto Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathaniel Freidel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Feak

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Kellman-Son

(Address) 4120 Alto Rd.

18. BURIAL, CREMATION, OR REMOVAL. Rhew Hill Garrett Date 3-16-33 19

19. UNDERTAKER Charles Levin Lange

(Address) 1733 E. Baltimore St.

20. FILED MAR 16 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/2 1927, to 3/15 1933

I last saw her alive on 3/15 1933. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/7/33

Other contributory causes of importance:

General arteriosclerosis	1926
Hypertension	1926

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2320 Eutaw Pl

M. D. B. 1268-9

E 88579 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88579

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Lincoln Hospital — 6-01

CITY OF BALTIMORE: (No. Garland & Lane St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death ocrurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 8 yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Gordon

(a) Residence: No. 2209 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rose

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 3-16-33 19....

19. UNDERTAKER Jack Levy Inc (Address) 1239 E. Baltimore St

20. FILED MAR 16 1933 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-14-33, 19...., to 3-16, 1933

I last saw h. alive on 3-14, 1933 Death is said to have occurred on the date stated above, at 8:50 a.m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Ca of Oesophagus & Stomach	
Hydrothorax	3-15-33
Subcutaneous Emphysema	3-16-33
Myocardial failure	3-16-33

Other rontributory causes of importanre:

Name of operation Oesophagoscopy Date of 3-14-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violenre) fili in also the following:

Arcident, suiride, or homiride? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased? No If so, specify .....

(Signed) S. D. Simmons Jr M. D.

(Address) University Hospital

A&Co. 5-31 250B

E 88580 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88580

V 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Arden Road St., Mt Washington Ward 27)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 18 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Addison Baker

(a) Residence: No. 2203 Arden Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Bayliss Baker

6. DATE OF BIRTH (month, day, year) Oct 23 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	10	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Exporter of Leaf Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William Albert Baker

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Asprill

16. BIRTHPLACE (city or town) (State or country) Delayne

17. INFORMANT Carrie Bayliss Baker
(Address) 2203 Arden Road

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park cemetery Date March 16 1933

19. UNDERTAKER Chas. L. Black
(Address) 747 W. Baltimore

MAR 16 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to March 13, 1933, that I last saw him alive on March 13, 1933 death is said to have occurred on the date stated above, at 8.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Chronic Int. Nephritis	1930

Other contributory causes of importance:

Acute Cardiac dilatation	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. W. Brobst, M. D.

(Address) 501 Arden Ave

M. D. B. 1268-9

8581

HEALTH DEPARTMENT—CITY OF BALTIMORE

8581

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Boyd St. 16-01 Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Mulcahy

(a) Residence: No. 1033 Boyd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mulcahy

6. DATE OF BIRTH (month, day, year) Unknown 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm. H. Chatterton

(Address) 1035 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem. Date 3/17/ 1933

19. UNDERTAKER Chas. E. Cowling & Son

(Address) 1201 Pennsylvania Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/9/ 1933, to 3/14/ 1933

I last saw h.. alive on Mar. 14, 1933. Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia.	3/10/33

Other contributory causes of importance:

Acute La Grippe.	3/5/33

Name of operation None Date of —

What test confirmed diagnosis? Physical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Norton, M. D.

3/16/33 (Address) 888 N. Fremont Ave.

1B 1933

H. D. B. 1268-9

E 88582 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88582

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 Lorraine ave St., 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 77 yrs. ... mos. ... ds.

2. FULL NAME Justine Amrein

(a) Residence: No. 300 Lorraine ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Amrein,

7. DATE OF BIRTH (month, day, year) January 7, 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Wilhelm,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Kutt,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm P Amrein
(Address) 2808 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Date MAR 17 1933
Place London Park

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fabrular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) ... M. D.
Coroner
(Address) 3622 Orland Ave

Spec.—12-9-25—A Co.—200 Bks.

8583

CERTIFICATE CORRECTED 3-13-33

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88583

CERTIFICATE OF DEATH.

92-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

2-FULL NAME John Kenny

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1861 ?

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) England

10 NAME OF FATHER Thomas Kenny

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) O'Toole

12 MAIDEN NAME OF MOTHER Anne Cook

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Sister Stanislas Sup.

(Address) 1200 - Valley St. Balt. Md.

Filed MAR 16 1933, 19 Huntington Willis, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1933

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to March 14, 1933,

that I last saw h__ alive on March 14, 1933,

and that death occurred, on the date stated above, at 6:15 p.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. McCahan, M. D.

3/15/1933 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Mar 16 1933

20 UNDERTAKER Rita Riedefeld — ADDRESS 914 Gramont Ave

M. D. B. 1263-9

88584 HEALTH DEPARTMENT—CITY OF BALTIMORE B88584

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 N. Milton Ave St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Morgan

(a) Residence: No. 330 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Morgan

6. DATE OF BIRTH (month, day, year) Sept. 28, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Wm. H. Schleuning

(Address) 330 N. Kenwood Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date Mar. 16, 1933

19. UNDERTAKER H. SANDER & SON

(Address) BROADWAY & BALTIMORE ST.

20. FILED 19 Registrar.

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932 to March 13, 1933

I last saw him alive on March 12 1933 Death is said to have occurred on the date stated above, at 230 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 year
General Arteriosclerosis	1 year
Cerebral Hypertension	1 year
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 2025 E. Northern Pkwy

M. D. B. 1268-0

88585 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88585

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Weis

(a) Residence: No. 3302 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah —

6. DATE OF BIRTH (month, day, year) 1-4-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward —

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Biedilette

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date March 8, 1933

19. UNDERTAKER H. Landers Sons Inc
(Address) 1710 Pratt St

20. FILED MAR 9 1933 Harry T. Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-33

22. I HEREBY CERTIFY, That I attended deceased from 3-7-33 to 3-15-33

I last saw him alive on 3-13-33 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-10-33

Other contributory causes of importance: Hemorrhage into internal capsule right. 1924

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-18-33 (Signed) Edwin Hyrbuck M. D.

(Address) Balto. City Hospitals

H. D. B. 1268-9

88586 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88586

CERTIFICATE OF DEATH

Registered No. ✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Morgan St., 25 Ward) Mt Hyans

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Conn

(a) Residence: No. 2509 Morgan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hackster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cars

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Isaac Conn

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hester

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Clark

(Address) 2509 Morgan St

18. BURIAL, CREMATION, OR REMOVAL

Place INC Auburn Date 2/17/33

19. UNDERTAKER Isaac L. Bowen & Son

(Address) 1013 Montgomery St

20. FILED 2/16/1933 Huntington, Indiana, Mar. Reg. Off.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/33

22. I HEREBY CERTIFY, That I attended deceased from 3/7/33 to 3/14/33

I last saw h alive on 3/13/33 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/12/33
Chronic Nephritis	3/7/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. B. Hershey Kline M. D.

(Address) 912 Eilwood St

M. D. B. 1268-0

38587 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38587

CERTIFICATE OF DEATH

46

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 7-1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur H. Lambrecht

(a) Residence: No. 1005 Beaumont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliz. M. Lambrecht

6. DATE OF BIRTH (month, day, year): Nov 29 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: William Lambrecht

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Henry W. Lambrecht (Address) 1005 Beaumont Ave.

18. BURIAL, CREMATION OR REMOVAL Place: Bals Cemtry Date: Mar 16, 33.

19. UNDERTAKER: John F. Logan (Address) 3000 E. Balto St.

20. FILED 19 Registrar.

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-13-1933

22. I HEREBY CERTIFY, That I attended deceased from February 27 1933 to 3-13 1933. I last saw him alive on March 13 1933. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Other contributory causes of importance:	
Bronchopneumonia (terminal)	

Name of operation Resection of rectum Date of 3-7-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder M. D.

(Address) St. Josephs Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88588 E 88588

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St., [illegible] Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Kupfel (Kupfel)

(a) Residence: No. 102 Jackson Place St., ... Ward. E
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Apolonia Kupfel

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Antoni Kupfel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Kuda

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Apolonia Kupfel
(Address) 102 Jackson Place

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rotary Date March 17 1933

19. UNDERTAKER Fred Zagorski
(Address) 1930 E Eastern Ave

MAR 16 1933 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1933 to 3-14 1933

I last saw h[illegible] alive on 3-14 1933 death is said to have occurred on the date stated above, at 11:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy in Liver with metastasis to Brain	2-33
Ascites	2-14-33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Kahn, M. D.

(Address) South Baltimore Gen Hosp.

M. D. R. 88589

VIESEHON. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 88589

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Philip Viesehon

(a) Residence: No. 3815 Gwynn Oak St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Viesehon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. T. Hill

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary M. Viesehon

(Address) 3815 Gwynn Oak, Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Mar 17, 1933

19. UNDERTAKER Harry R. Amass & Son

(Address) 1224 Edgewood Ave Huntington Terrace, Md

FILED MAR 16 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1933 to Mar. 14, 1933

I last saw h alive on Mar. 14, 1933 Death is said to have occurred on the date stated above, at 10 40 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Ruptured Appendicitis	Mar 2, 1933

Other contributory causes of importance:

Chronic Nephritis

Chronic Myocarditis

Name of operation Appendectomy Date of 3/5/33

What test confirmed diagnosis Clinical Was there an autopsy? Cant

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] General Hospital

M. D. R. 1264

88590

E 88590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Smith. Reisterstown Md.

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 14/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Cordillo

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Smith.
(Address) Glen Falls Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jewish College Date March 16, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933 to March 14, 1933
I last saw him alive on March 14, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Hydrocephalus.	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Archer Bolton Cohen, M. D.
(Address) Sinai Hospital

M. D. B. 1268-9

88591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88591

11-002

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 Battery Ave St., 24 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth 27 yrs.....mos.....ds.

2. FULL NAME John J. Jostenberg

(a) Residence: No. 1242 Battery Ave St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Agnel

6. DATE OF BIRTH (month, day, year) Sept 17 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	5	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto spring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Anna Jostenberg
(Address) 1242 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date 3/17/33 19

19. UNDERTAKER John F. Tate & Sons
(Address) 1218 Light St.

20. FILED MAR 16 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1933 to Mar. 14 1933.

I last saw h alive on Mar. 12 1933. Death is said to have occurred on the date stated above, at 4 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Cerebellar Hemorrhage	3/1/33

Other contributory causes of importance:

Sudden Cardiac Dilatation

Name of operation No Date of X

What test confirmed diagnosis? X Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Mar. 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify

(Signed) H. Hubbard M. D.

(Address) 1340 S. Charles St

M. D. B. 1268-9

E 88592 HEALTH DEPARTMENT—CITY OF BALTIMORE E88592

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Overlea ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Swift

(a) Residence: No. 3810 Overlea Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Swift

6. DATE OF BIRTH (month, day, year) Oct. 22 1839

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	93	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year) Jan. 1900

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs Lily Phelps

(Address) 6 Park Drive Lakemont

18. BURIAL, CREMATION, OR REMOVAL Taylor Chapel Cemetery Date March 19 1933

19. UNDERTAKER Frank Lakemont Sons

(Address) 3701 Edmondson Road

20. FILED ... 19... Registrar.

MAR 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/24" 1933 to 3/16 1933

I last saw h alive on 3/15 1933. Death is said to have occurred on the date stated above, at 5:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/20/33

Other contributory causes of importance:

Senility of Organs

Name of operation None Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X 19...

Where did injury occur? X X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Hubbard M. D.

(Address) 1341 Chanslor Rd

M. D. B. 1268-9

38593 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38593

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Mc Elderry St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Moravec

(a) Residence: No. 3114 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jos Moravec

6. DATE OF BIRTH (month, day, year) Apr 12. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Novak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Dora Kuon

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Jos Benick

(Address) 3114 Mc Elderry

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date Mar 17. 1933

19. UNDERTAKER John Ulrich

(Address) 2005 Eastern Ave

20. FILED Mar 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1932 to Mar. 14 1933

I last saw her alive on Mar. 14 1933 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Sept 1932
Other contributory causes of importance:	
Asthenia	—

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Novak M. D.

(Address) Med. arts Bldg

M. D. B. 1268-9

88594

HEALTH DEPARTMENT—CITY OF BALTIMORE

88594

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Cardenas Ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Hoehn

(a) Residence: No. 3432 Cardenas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hoehn

6. DATE OF BIRTH (month, day, year) Jan 1 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
95	94	2	14	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Hoehn

(Address) 3432 Cardenas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar 18 19 33

19. UNDERTAKER John Murdock

(Address) 2 [illegible]

20. FILED [illegible]

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 15, 1933

I last saw her alive on March 11, 1933. Death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-11-33

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton L. Land M. D.

(Address) 2117 Belair Rd

ec.—12-9-25—A Co.—200 Bks.

88595

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 88595

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ity of BALTIMORE: (No. Little Sisters of the Poor 1200 Valley St.) 10 Ward

2-FULL NAME John Siroky (SIROKY)

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Moulara

DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	82			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Bohemia

10 NAME OF FATHER: Jacob Siroky

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Babara Kabora

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bohemia

14 Informant: Sister Stanislas Sup

(Address) 1200 Valley St. City

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 19 33

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933 to Mch 15, 1933, that I last saw h... alive on Mch 15, 1933, and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) ...yrs. ...mos. ...ds.

Is Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Chem.

(Signed) L. Hill Parker, M. D.

3/16/, 1933 (Address) 1114 Hennen Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Mch. 17 1933

UNDERTAKER: Frank Brach Son 1906 Eastern Ave ADDRESS

R 16 1933

D. B. 1268-9

88596 HEALTH DEPARTMENT—CITY OF BALTIMORE 88596

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 N. Paca St., 17-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallis W. Black

(a) Residence: No. 645 N. Paca St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 4-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	—	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md

13. NAME Wm Black

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Mulvey

16. BIRTHPLACE (city or town) (State or country) Boyerstown Pa

17. INFORMANT Mary Singer Starr
(Address) 645 N. Paca

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date March 18, 1933

19. UNDERTAKER H. B. Lankford & Son
(Address) 1 W. Lanvale St.

20. FILED MAR 16 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Date of onset

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Funk Bare, M. D. Coroner

(Address) ...

M. D. R. 1268-9

88597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 88597

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. William P. Fritz

(a) Residence: No. 3416 Belair Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Fritz

6. DATE OF BIRTH (month, day, year) Nov 22-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Fire Dept

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew J. Fritz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna E. Wagner

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Julia A. Fritz (Address) 3416 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date March 17 1933

19. UNDERTAKER Chas. R. Roque Son (Address) 118 W. Mt. Royal Ave

20. FILED ..... Registrar.

MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14 1933 to March 14 1933

I last saw him alive on March 14 1933 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Sept 1931
Carcinoma of Prostate	" "
Other contributory causes of importance:	
Uremia	Feb 1933

Name of operation Suprapubic Cystotomy Date of 3-15-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. P. Cohen M. D.

(Address) Sinai Hosp.

M. D. B. 1268-9

88598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97E 88598

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2913 Overland Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. O 'Malley

(a) Residence: No. 2913 Overland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George C. O'Malley

6. DATE OF BIRTH (month, day, year) Feb. 20th. 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86		22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Timothy V. Riordan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Harry McClellan
(Address) 2913 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 18, 1933

19. UNDERTAKER Chas. B. Traub & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED Huntington Phillips M.D.
Registrar.

MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14th. 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929 to March 16 1933

I last saw h[er] alive on March 14th 1933. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Senility	
b	
c	
d	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. Fine Carter M. D.

(Address) 114 Hamilton Terrace

M. D. B. 1268-9

(Corrected)

HEALTH DEPARTMENT—CITY OF BALTIMORE

88599

E 88599

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto city Hospitals 16-01 107-001 Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Cornish

(a) Residence: No. Balto city Hospitals St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-28-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Cornish

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sara Anthony

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Universal Ft Md Date May 16, 19 33

19. UNDERTAKER
(Address)

20. FILED ... 19 33 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1931 to 3-13, 1933

I last saw him alive on 3-13, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis Left Femur	
Amputation Abdutis	7
Pt Knee	.
Arteriosclerosis	
Other contributory causes of importance:	
Bronchopneumonia	3/10/33

Name of operation Amp Date of ...

What test confirmed diagnosis? X-ray ECG. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Emory Lehr M. D.

(Address) Balto city Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88600

CERTIFICATE OF DEATH

10E 88600

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Balto Md, St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda Savoy

(a) Residence: No. 317 W. Preston St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Nov. 11 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Engr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Isaac Savoy

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Rachel Sturs

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Resd Balto City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universities of Md Date May 16, 19 33

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-33

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1932 to 3-11, 1933

I last saw h[illegible] alive on 3-11, 1933 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	11-32
Other contributory causes of importance: Bronchopneumonia	3-8-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

3-11-33 (Signed) Chas Higbee M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88601 88601

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Balto Md St. 2-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Lewin

(a) Residence: No. City Mission, Thouis St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME Andrew —
14. BIRTHPLACE (city or town) (State or country) Norway
15. MAIDEN NAME Hannah ?
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date March 3 19 33

19. UNDERTAKER
(Address)

Henderson Funeral Home Inc
Registrar.

MAR 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-33

22. I HEREBY CERTIFY, That I attended deceased from 3-9 19 33 to 3-13 19 33
I last saw h alive on 3-13 19 33 Death is said to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	3-6-33

Other contributory causes of importance:
None

Name of operation tracheotomy Date of 3-10
What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-14-33 Elmer Hightower M. D.
(Signed)
(Address) Balto. City Hospitals

M. D. B. 1268-9

88602

HEALTH DEPARTMENT—CITY OF BALTIMORE

88602

CERTIFICATE OF DEATH

Registered No. 1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius H. Bimmel

(a) Residence: No. 2169 Fulton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Minnie Bimmel

6. DATE OF BIRTH (month, day, year) Dec. 3-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 78	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Bimmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Seifert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maryland Gen'l Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Cr Date 3/18 19 33

19. UNDERTAKER Harry N. Reitzle

(Address) 4101 Edmondson Ave

FILED 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-33 19

22. I HEREBY CERTIFY, That I attended deceased from 3-11-33, 19, to 3-15-33, 19. I last saw h alive on 3-15-33, 19. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows: Pneumonia Lobar — Date of onset 3-2-33

Other contributory causes of importance: Myocarditis Failure Toxaemia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Md. General Hospital

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8603

CERTIFICATE OF DEATH.

E 88603

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3017 Grayson St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Joyce Montgomery

(a) RESIDENCE NO. 3017 Grayson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Montgomery

DATE OF BIRTH (month, day, and year) May ?, 1874

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	10	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Pikesville

(State or country) Maryland

10 NAME OF FATHER Thomas Joyce

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Schwatka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Mr. Earle Montgomery

(Address) 3017 Grayson St.

Filed Huntington Williams M.D. Registrar

6 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1933 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

3/15, 19 33 (Address) North Ave. & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial March 17 19 33

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West Baltimore St.

. D. B. 1268-9

88604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88604

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-01 (Ward)

ength of residence in city or town where death occurred 11 yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John H. W. Rayme

(a) Residence: No. 4025 Ridgecroft Rd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 12/1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

13. NAME Milton A. Rayme

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Katie G. Henshaw

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co., Md.

17. INFORMANT Milton A. Rayme
(Address) 4025 Ridgecroft Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Mar. 18 1933

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

20. FILED 6 1933 Huntington Avenue Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart (Mitral & Aortic Stenosis)	
Other contributory causes of importance: Rheumatism	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. H. Cullen, M. D.
Coroner
(Address) 508 E. Fayette

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88605

CERTIFICATE OF DEATH

131 E 88605

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Home for Aged 4301 Roland Ave St. 27-14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Minnie Kathmann
(a) Residence: No. Kirkleigh Villa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 76	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME John Kathmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jos. W. Schwarzkof
(Address) 4312 Belvejn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 17, 33

19. UNDERTAKER
(Address) 1422 Light St.

20. FILED Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1924, 19..., to March 15, 1933.
I last saw her alive on March 15, 1933. Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 D.
Other contributory causes of importance	
Chr. Myocarditis	8
Chr. Nephritis	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. McCosker M. D.
(Address) 1 E. Lexington St.

M. D. B. 1268-B

88606

HEALTH DEPARTMENT—CITY OF BALTIMORE

88606

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE (8145 N. Fulton Ave 16-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma V. Murray

(a) Residence: No. 814 N. Fulton Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Robert Lee Murray

6. DATE OF BIRTH (month, day, year) Jan 1st 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Franklintown Md

FATHER

13. NAME John V. Horn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hanna Miller

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Robert Lee Murray

(Address) 814 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Pine Grove (Cem. Perj)

Place Hot Springs Md Date Mar 18th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ..... 19 ..... Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to March 15 1933

I last saw h.. alive on March 15 1933. Death is said to have occurred on the date stated above, at 11 5 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Carcinoma, metastatic, — Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph Hurley M. D.

(Address) 2418 Reisterstown Rd

M. D. R. 1268-9

8607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88607

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 St. Charles St.) Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James D. Sanders

(a) Residence: No. 1418 St. Charles Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 11-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Julius Sanders

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Julius Sanders (Address) 1418 St. Charles

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3/18 1933

19. UNDERTAKER William Cook (Address) 1217 St Paul

Huntington Williams, M.D. Registrar.

6 1933

R. I. 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 15. 1933 to Mch 16 1933

I last saw h[illegible] alive on March 16. 1933 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2

Other contributory causes of importance: Convulsions

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Egerton Dill M. D.

(Address) 1433 W Lombard St

D. B. 1268-9

E 88608

HEALTH DEPARTMENT—CITY OF BALTIMORE

8608

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail St. 22-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maurice Kane

(a) Residence: No. 508 S. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Anna Kane

DATE OF BIRTH (month, day, year) May 13, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schaeffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 02 5

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

13. NAME Frances J. Kane

14. BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

15. MAIDEN NAME Nellie O'Connell

16. BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

INFORMANT John J. Kane
(Address) 1616 Hollins St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 18 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1933 Huntington W Lines Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3-12-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M. Fenton Coroner, M. D.

3/16/33 (Address) 1001 Eutaw

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88609

88609

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Good Shepherd Gen. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 16th Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bell Wright

(a) Residence: No. 1101 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	A. A. Col	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Wright

DATE OF BIRTH (month, day, year) 12/4/1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 55	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Elizabeth Joyce

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Albert Wright (son)
(Address) 1101 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/17/33

19. UNDERTAKER Mrs. Hy. H. Cook
(Address) 1531 Druid Hill Ave

FILED MAR 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/11 1933 to 3/14 1933

I last saw her alive on 3/14 1933. Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 mo
Chr. Nephritis	

Other contributory causes of importance:

Senility	
Arteriosclerosis	
Abdominal Malignancy	5 yrs?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carson C. Johnson, M. D.

(Address) 1632 Baker st

M. D. B. 1268-B

88610 81

HEALTH DEPARTMENT—CITY OF BALTIMORE 88610

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stuart Butler

(a) Residence: No. 2501 Druid Hill ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-31-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4 M 1/2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Avalon Butler

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Evelyn Bryan

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT .....

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place H. Lukes Cemetery Date 3/18/33 19

19. UNDERTAKER Mrs. Geo. H. Hollard

(Address) 1631 Druid Hill

20. Filed MAR 17 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932 to Mar 16, 1933

last saw h. he alive on Mar 16, 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	7da

Other contributory causes of importance:

Otitis Media	10da

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Allan Roos, M. D.

(Address) J. H. H.

D. B. 1268-9

88611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88611

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Lewis

(a) Residence: No. Saint Mary's Home - Overtaken & Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 7 1921

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Beatrice Franklin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beatrice Lewis

(Address) 1629 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosary Date 3/17/33

19. UNDERTAKER Jno. A. Gorman & Son

(Address) 763 Druid Hill Ave

20. FILED MAR 17 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1933 to 3-14 1933.

I last saw him alive on 3-14 1933 Death is said to have occurred on the date stated above, at 10.03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-6-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. T. Lewis, M. D.

(Address) Provident Hospital

M. D. B. 1268-9

88612

88612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 807 S. Paca. St. 21-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Sheldon.

(a) Residence: No. 807 S Paca St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella. Sheldon

6. DATE OF BIRTH (month, day, year) May 5th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barrel Wagon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward Sheldon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Burkhead.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm. Sheldon Jr.

(Address) 807 S Paca St

18. BURIAL, CREMATION, OR REMOVAL

place Mt Olivet Date 3-20 1933

19. UNDERTAKER Bernard C Hafer

(Address) 1000 S Paca St.

20. FILED APR 11 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16 33 to March 16 19 33

I last saw he alive on March 16 19 33 Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebroma of H.S.	3 hr
Other contributory causes of importance:	
Cardiac Insufficiency	10 dy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stafford Dunn M. D.

(Address) 807 S Paca St

1933—6-9-19—H. P. Co.—1000 Blks.

88613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88613

CERTIFICATE OF DEATH.

97

REGISTERED NO....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 11 W. Franklin ST. H-06 (WARD)

2-FULL NAME Wm. Wattenberg

(a) RESIDENCE. NO. 11 W. Franklin ST., — WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3 1852

7 AGE — Years: 81 — Months: 0 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ooo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Martin Wattenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Richard W. Learned 2145 Pleasant Ave

15 Filed: 17 1933 Huntington Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-17 1933

17 I HEREBY CERTIFY, That I attended deceased from 3-13- 1933 to 3-13- 1933.

that I last saw him alive on 3-16 1933.

and (that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) age-

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Sonnenschein, M. D.

3-17-1933 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: March 19 33

20 UNDERTAKER: Wm. F. Trautwein Sons

ADDRESS: Work

M. D. B. 1268-6

88614 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88614

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Brell

(a) Residence: No. 1510 Battery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances L Brell

6. DATE OF BIRTH (month, day, year) June 22 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	8	24 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Brell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances L. Brell
(Address) 1510 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date Mar 19. 1933

19. UNDERTAKER John H. Denny
(Address) 715 Light St

FILED MAR 17 1933 Huntington Indiana Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/9/32, 19..., to 3/16/33, 19...

I last saw him alive on 3/16, 1933 Death is said to have occurred on the date stated above, at 9 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance:	
Coronary Embolus	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. L. Thayer M. D.

(Address) Bd. General Hospital

88615 E 88615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH Balto City Hospitals Registered No.
CITY OF BALTIMORE: (No.) St., No. 6 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Fellers

(a) Residence: No. 1921 Llandaff Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced WIFE of (or) HUSBAND of Annie Fellers

6. DATE OF BIRTH (month, day, year) 5-31-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	12/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

FATHER

13. NAME William Fellers

14. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

MOTHER

15. MAIDEN NAME Julia McCracken

16. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 17, 1933

19. UNDERTAKER John F Denny
(Address) 711 Eutaw St

CO. FILED MAR 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1933, to 3-13, 1933

I last saw him alive on 3-13, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (Pt) Salpingo-Pyo Hydro-nephrosis Pt	2-26
Other contributory causes of importance: Bronchopneumonia	3/12/33

Name of operation Nephrostomy Date of 2/11/33

What test confirmed diagnosis? Cf Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Brown Jelaso M.D.
(Address) Balto City Hosp

. D. B. 1268-9

88616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88616

CERTIFICATE OF DEATH

1. PLACE OF DEATH Providence Hospital — Registered No. 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Hanover St. 14 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Boyd.

(a) Residence: No. 1517 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Edwards Boyd

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town) Yorkwood
(State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town)
(State or country) —

17. INFORMANT Roy S. Boyd
(Address) 1517 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/17/33

19. UNDERTAKER Samuel J. Kreidler & Sons
(Address) 5787 Reisterstown Rd

20. FILED 3/17/33 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1933 to 3-14 1933.

I last saw him alive on 3-14 1933. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial - Pneumonia	2-25-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) B. Harris M. D.

(Address) President Hospital

M. D. B. 1268-9

88617

HEALTH DEPARTMENT—CITY OF BALTIMORE 88617

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3444 Keswick Road St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida H. Harper

(a) Residence: No. 3444 Keswick Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Harper

6. DATE OF BIRTH (month, day, year): Dec. 14-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Thomas Filhelm

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Margaret Crowther

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Helen Smith

(Address): 1518 S. Bancroft St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: March 18: 1933

19. UNDERTAKER: Horace G. Burgee

(Address): 3631 Falls Road

20. FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4th 1933 to Mar 14-th 33

I last saw her alive on Mar 14-th 1933 Death is said to have occurred on the date stated above, at 12 24 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Mar 4th

Other contributory causes of importance:

Syph. Aor. Chronic Nephritis. Chronic Bronchitis.

Name of operation: None Date of

What test confirmed diagnosis: Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. G. Miller M. D.

(Address) 3614 Falls Rd.

aCo. 5-31 250B

88618 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88618

CERTIFICATE OF DEATH

V 66-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 4702 Hamptnett ave 27-01 St., Ward)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Mary M. Barbour

(a) Residence: No. 4702 Hamptnett Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John P. Barbour

7. DATE OF BIRTH (month, day, year) July 29th 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

. BIRTHPLACE (city or town) Harford Co.
(State or country) Maryland

13. NAME James Boughter

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Maryland

15. MAIDEN NAME Jane E. Boyd

16. BIRTHPLACE (city or town) Harford Co.
(State or country) Maryland

. INFORMANT John P. Barbour
(Address) 4702 Hamptnett Ave

. BURIAL, CREMATION, OR REMOVAL
Place Forest Wood Date 3/18 1933

. UNDERTAKER Frederick Lazzaleno Son
(Address) 7401 Belair Road

. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932 to Mar 15, 1933

I last saw h.r alive on Mar 15 1933 death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Cardiac Decompensation

Other contributory causes of importance:

Myocarditis, Chronic

Name of operation Thyroidectomy Date of 1932

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas. Sumwalt M. D.
(Address) 4726 Harford Road

M. D. B. 1265-9

E 88619 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88619

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Smith

(a) Residence: No. 128 S High St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Jennie

6. DATE OF BIRTH (month, day, year) 55

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Hebrew Ram Date 3-17-33 19 .....

19. UNDERTAKER Hunt Sons Inc

(Address) 1439 E. Baltimore St. Huntington Pa.

FILED MAR 17 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~March~~ March 16 1933 to Feb 17, 1933

I last saw him alive on ~~March~~ March 17, 1933 Death is said to have occurred on the date stated above, at 9:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	?
Hypertension	?
Cerebral Accident	24 hours
Other contributory causes of importance:	
Bronchopneumonia	18 hours

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Lamm M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 88620

88620 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Sequoia Ave. St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mollie Hanke Cunningham

(a) Residence: No. 3813 Sequoia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J. Cunningham

6. DATE OF BIRTH (month, day, year) Sept. 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hanke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Alphonsiat

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Cunningham Son
(Address) 3813 Sequoia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 18, 1933

19. UNDERTAKER Edwin W. Conklin
(Address) 926 E. Eager St.

20. FILED Mar 17 1933 Huntingdon, Pa. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933 to Mar 16, 1933

I last saw her alive on Mar 15, 1933 Death is said to have occurred on the date stated above, at 1:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Feb, 27, 1933 (Onset)	

Other contributory causes of importance:

Bronchial pneumonia	
Feb 27, 1933 (Onset)	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Arrident, suiride, or homiside? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Charles Tubbs M. D.

(Address) 2220 Garrison Blvd

D. B. 1268-9

88621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88621

CERTIFICATE OF DEATH

V82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Westwood ave St. 15-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bennie Siedman

(a) Residence: No. 2201 Westwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

7. DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Wolf Siedman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah Fishberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mollie Siedman

(Address) 2201 Westwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Reform Rem Date March 17. 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Baltimore

20. FILED Huntington Ave. March 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933 to March 16, 1933

I last saw h[illegible] alive on March 16, 1933. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy. — Date of onset Jan 25 - 33

Other contributory causes of importance:

Bedsores etc.

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Pustow M. D.

(Address) 5701 Denmore ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88622 — CERTIFICATE OF DEATH — E 88622

Registered No. 93-003

1. PLACE OF DEATH: Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W Fayette St., 93-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 6 mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME: Mrs. Julia Dunn

(a) Residence: No. 208 N. Payson St St., ... Ward. Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward P. Dunn

7. DATE OF BIRTH (month, day, year) April 1st 1863

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 5-7

11. Total time (years) spent in this occupation 5-7

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Mary Dunn

(Address) 208 N. Payson St

18. BURIAL, CREMATION OR REMOVAL

Place Cathedral Cem. Date Mar. 18 1933

19. UNDERTAKER Elmer W. Conklin

(Address) 224 E. Eager St.

20. FILED MAR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to March 16, 1933

I last saw h... alive on March 16, 1933 death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/15/33
Pulmonary Edema	3/15/33
Cerebral Hemorrhage	3/8/33

Other contributory causes of importance:
Senility
Malignant Hypertension
Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mona F. Crowther, M. D.

(Address) Bon Secours Hosp.

M. D. B. 1 E 88623

E 88623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Logsel

(a) Residence: No. 606 N Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12 1902

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
23 24	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Logsel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Cogdy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Mar. 18 1933

19. UNDERTAKER William G. Schaffer

(Address) 1816 E. Monument St.

20. FILED 19 Registrar.

MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1933 to Mar 16 1933

I last saw h alive on Mar 16 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of the liver	11/1/32

Other contributory causes of importanee:

Name of operation Exploratory Laparotomy Date of 2/1/33

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Pilcher M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

8624 HEALTH DEPARTMENT—CITY OF BALTIMORE 8624

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H & C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Annie Johnson

(a) Residence: No. 171 Winters Ave, St, Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etr. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etr. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary land

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (rity or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Mar. 18 1933

19. UNDERTAKER Mrs. J. H. Locke
(Address) 130 E. Lafayette St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1933 to 3-16, 1933

I last saw her alive on 3-16, 1933 Death is said to have occurred on the date stated above, at 3.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-11 days
Arteriosclerotic Cardio-Vascular Disease	7 years

Other contributory causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Arrident, suicide, or homiride? ..... Date of injury ..... 19.....

Where did injury ocrur? (Specify rity or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased?

If so, specify .....

(Signed) L. T. Burgo M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

88625

HEALTH DEPARTMENT—CITY OF BALTIMORE 88625

CERTIFICATE OF DEATH V159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Bettes

(a) Residence: No. 5400 Ford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt., Md.
(State or country)

FATHER

13. NAME Vernon Bettes

14. BIRTHPLACE (city or town) Balt., Md.
(State or country)

MOTHER

15. MAIDEN NAME Elsie Bettes

16. BIRTHPLACE (city or town) Wash., D. C.
(State or country)

17. INFORMANT Elsie Bettes
(Address) 5400 Ford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Mar 17 19 33

19. UNDERTAKER
(Address)

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933 to ..... 19.....

I last saw her alive on March 16, 1933. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
abdominal ascites	
prematurity	
Respiratory failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

88626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88626

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Baltimore City Hospitals Reg. District No. 19-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F Flueger

(a) Residence: No. 228 N. Caroly St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14, 1863

7. AGE: Years 70 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry F Flueger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Mar 17 1933

19. UNDERTAKER ..... (Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1933 to Feb 22 1933

I last saw him alive on Feb. 22 1933 Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy Prostate	1931
Uremia	?

Other contributory causes of importance:

Uremia	Feb. 1933

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Fraser Lilienthal M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

88627 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88627

CERTIFICATE OF DEATH

V 23

. PLACE OF DEATH

TY OF BALTIMORE: (No. 915 McCulloh St., 11-06 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Irene Williams

(a) Residence: No. 915 McCulloh St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Mar

If married, widowed, or divorced: HUSBAND of (or) WIFE of Willie Williams

DATE OF BIRTH (month, day, year) 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) Va

(State or country)

13. NAME Jos Johnson

14. BIRTHPLACE (city or town) Va

(State or country)

15. MAIDEN NAME Bettie Hudson

16. BIRTHPLACE (city or town) Va

(State or country)

INFORMANT Mattie Stuffle

(Address) 915 McCulloh

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Md Date Mar 9 1933

UNDERTAKER ... Smith

(Address)

FILED ... 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Pulmonary Phthisis	
Consumption	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leuk Gordon, Coroner M. D.

(Address)

M. D. B. 1268-0

E 88628

88628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-00'

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Dorn St. St., 17-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Wallace

(a) Residence: No. 1102 Dorn St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 12, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Joseph Payne

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lillian Wallace

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Lillian Wallace
(Address) 1102 Dorn St.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem Md Date Mar 17 1933

19. UNDERTAKER .....
(Address) .....

20. FILED Mar 17 1933 H. Whitney Wilson, M.D. Registrar.

(936)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12th. 1933. to Mar. 16th. 1933.
I last saw her alive on Mar. 16th. 1933. Death is said to have occurred on the date stated above, at 1:30P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia bilateral	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) Louis J. Kaufman M. D.

(Address) 1102 Dorn St.

M. D. B. 1268-0 E88629. E88629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 TO 594 Ced. JOHNS HOPKINS HOSPITAL V 34

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Conrad Bowie Road M.F. Annapolis Md.

(a) Residence: No. 2504 Holland Ferry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb 26 33

7. AGE	Years	Months	Days 10	If LESS than 1 day, ...hrs. or ....min.
			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Raymond Randall

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Blanch Bowie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's College Date Mar 17 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 6 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1933 to Mar 6 1933

I last saw h.. alive on Mar 6, 1933 Death is said to have occurred on the date stated above, at 5 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	2-3-33

Other contributory causes of importance:

Prematurity
Congenital Syphilis

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Edward J. Miles, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

88630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88630

CERTIFICATE OF DEATH

108 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 407 N. Bond

CITY OF BALTIMORE: (No. 407 N. Bond St. 7-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jennie Johnson

(a) Residence: No. 407 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	M

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Johnson

DATE OF BIRTH (month, day, year) Apr 1883

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50	49	9 11	9 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Westmoreland Va

13. NAME Patrick Thompson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Catherine Lee

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mary Foles

(Address) 1727 Orleans st

BURIAL, CREMATION, OR REMOVAL

Place AS Date Mar 18 1933

UNDERTAKER Edward Bryan

(Address) 31 Eutaw Pl

FILED Mar 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15. 1933

22. I HEREBY CERTIFY. That I attended deceased from Feb. 28 1933 to March. 15 1933

I last saw her alive on March. 15 1933. Death is said to have occurred on the date stated above, at 4.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/1/33

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Calvin Blackampte M. D.

(Address) 1113 N Caroline St

...—2-29-28—L. F. S.—500 Bks.

Lars Westergaard

88631

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Hearn

E 88631

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3823 Penhurst Ave ST. 15-01 WARD)

2—FULL NAME Lars Westergaard

(a) RESIDENCE NO. 3823 Penhurst Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	married

f married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Bodenrick

ATE OF BIRTH (month, day, and year) April 7th 1884

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	11	8	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Chandeler

(b) General nature of Industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Self

IRTHPLACE (city or town) (State or country) Trondahl, Norway

10 NAME OF FATHER Andus Westergaard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Dahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

Informant Mrs Lars Westergaard

(Address) 3823 Penhurst Ave

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/33

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1933, to 3/15, 1933, that I last saw h-ive alive on 3/15, 1933, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening of Arteries (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn, M. D.

3/16, 1933 (Address) 3907 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 3/18/33

20 UNDERTAKER Geo. Wilburn

ADDRESS 2503 Edmondson Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88632 E 88632

CERTIFICATE OF DEATH

97-41 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4619 Reisterstown Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John Henry Ossmus

(a) Residence: No. 4619 Reisterstown Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Haven

7. DATE OF BIRTH (month, day, year) July 15, 1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Meter Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER'S MAIDEN NAME

13. NAME John Ossmus

14. BIRTHPLACE (city or town) (State or country) ------- Germany

15. MAIDEN NAME Mary Schade

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT Annie M. Pfeil

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 3/18 1933

19. UNDERTAKER Henry W. Mears & Son

(Address) 805 N. Calvert Street

20. 1933 Huntington Pittsburgh Pa.

R. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15/1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 7 . 1933 . to March 15 . 1933

I last saw him alive on March 15 . 1933 . Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 7

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Charles L. Wells M. D.

(Address) 2716 Park Heights Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88633

CERTIFICATE OF DEATH X

E 88633

186-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold Elsworth Ross

(a) Residence: No. Street, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 23 1914

7. AGE: Years 18 | Months 2 | Days 21½ | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year): 3-15-33.

11. Total time (years) spent in this occupation: all my life

12. BIRTHPLACE (city or town) (State or country): Street, Md.

13. NAME: S. L. Ross

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ada Wonders

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Ada W. Ross

(Address): Street, Md.

18. BURIAL, CREMATION, OR REMOVAL: Emory Cem. Harford Co. Md. Date 3-19 1933

19. UNDERTAKER: Harold Bailey

(Address): Darlington Md

20. FILED 7 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3.16 1933 to 3.16 1933

I last saw him alive on 3.16 1933 Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 5th Cervical Vertebra	3.15.33
of Corpus.	
J. J. Morrissey	
Other contributory causes of importance:	
Laceration of Spinal Cord	3.15.33
Edema of Spinal cord.	"

Name of operation none Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3.15 1933

Where did injury occur? Farm near Street, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Farm

Manner of injury Fell 10 ft. on head

Nature of injury Fracture 5th cerv. Vertebra

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Injured while working

(Signed) James L. Hall M. D.

(Address) Union Mem. Hosp.

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88634

CERTIFICATE OF DEATH

634

Registered No. 209

PLACE OF DEATH W Balto Hosp St. 20 ol (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) ngth of residence in city or town where death occurred yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edw Gessler

(a) Residence No. 5172 Wilderson st., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

EX Male | 4. Color or race Wh | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 9-1884

AGE Years 49 | Months | Days 24 | LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John H. Gessler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sara Bantzer

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Dr E Fowler

(Address) 517 Wilderson Bway

BURIAL, CREMATION, OR REMOVAL Date 3/18 1933

Place Cathedral Cem

UNDERTAKER George A. Fuller

(Address) Fulton & Fayette

Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h.. alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Street Car	
Lobar Pneumo	3 Days
Cerebral Concussion	
Fractured Skull	3 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ....., 19.....

Where did injury occur? Edmondson Ave & Fulton Ave (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Car Barn

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88635 E 88635

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4720 Frederick Ave 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph J Hummel

(a) Residence: No. 4720 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Rose Hummel

6. DATE OF BIRTH (month, day, year): Sept 14 1870

7. AGE: Years 62; Months 6; Days 3; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: August Hummel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Grabert

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry J Hummel

(Address): Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 3-20 1933

19. UNDERTAKER: George A Harley

(Address): 1808 W. Fayette St

... 19 ... Registrar.

N. P. H.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1933 to Mar 16 1933

I last saw h... alive on Mar 15 1933. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset Aug 32

Other contributory causes of importance:

Arteriosclerosis — 3 yrs

Hypertension

Name of operation: ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James T Kelly M. D.

(Address) 721 Madison Ave

ec.—12-9-25—A Co.—200 Bks.

E 88636

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

92 E 88636

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ty of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

2-FULL NAME Edward Hoffman

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Newark, N. J.

10 NAME OF FATHER Edward Hoffman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

Informant Sister Thomas Apt.

(Address) 1200 Valley St Balto Md

Huntington Indiana, N.P.

1933 0 F.C.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1933

17 I HEREBY CERTIFY, That I attended deceased from March 3rd, 1933, to March 16th, 1933,

that I last saw him alive on March 16th, 1933,

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. McCusker, M. D.

3/17, 1933 (Address) 111 E Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: Mar 16, 1933

20 UNDERTAKER: Rita Weidefeld — ADDRESS: 914 Gremp

H. D. B. 1268-9

88637 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88637

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St. 26-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Berger

(a) Residence: No. 4100 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha Berger

DATE OF BIRTH (month, day, year) Apr. 25, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 75	- 10	- 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

13. NAME Andrew J. Berger

14. BIRTHPLACE (city or town) (State or country) Paris, France

15. MAIDEN NAME Mary Raymond

16. BIRTHPLACE (city or town) (State or country) Egypt Pa

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery Date 3/18 1933

19. UNDERTAKER Leonard J. Ringk
(Address) 5303 Harford Rd.

20. FILED 3/17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1933 to 3-16 1933

I last saw h[illegible] alive on 3-16 1933 Death is said to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	3-14-33

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-16-33 (Signed) Elmer Fishbeyn M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88638

CERTIFICATE OF DEATH

18 E 88638

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) Md Gen Hosp St., 1-01 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jos M. Potter

(a) Residence: No. 2729 Fillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Filler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Mill

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jas M. Potter.

14. BIRTHPLACE (city or town) (State or country) Patna.

15. MAIDEN NAME Catherine Kunkle

16. BIRTHPLACE (city or town) (State or country) Patna

INFORMANT Hosp Record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place N. Standard Cem. Date 3/22/32 1933

UNDERTAKER Stefan J. Piatkowski Jr.
(Address) 1008 S. Eighteenth and Huntington Avenues

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident 1st and 2nd Degree burns	25 Days
Other contributory causes of importance Amputation of Leg - Gangrene Left Leg	Mar 16

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Sulphuric Acid
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or public place Standard Oil Plant

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Funk Coroner M. D.

(Address) .....

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88639

E 88639

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Collington Av St., 1-01 Ward)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME MARGARET J. HARTIGAN.

(a) Residence: No. 110 S. Collington Ave. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of ****

DATE OF BIRTH (month, day, year) July 28 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Thomas Hartigan.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Margaret Gilson.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mary Anna Hutson (Sister)

(Address) 110 S. Collington Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 18, 1933

UNDERTAKER Lilly + Zeiler Inc.

(Address) 403 S. Wolfe St.

FILED 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1933 to March 14, 1933

I last saw her alive on March 13, 1933 Death is said to have occurred on the date stated above, at 9:10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) — Date of onset 3/10/33

Other contributory causes of importance

Arterio Sclerosis — 1930

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill, M. D.

(Address) 108 N. Collington Ave

H. D. B. 1268-9

(Langford)

HEALTH DEPARTMENT—CITY OF BALTIMORE

88640

CERTIFICATE OF DEATH

11-001 E 88640

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 McElderry St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Langford

(a) Residence: No. 1149 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 21 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo Langford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Patterson

(Address) 497 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 3/19 19 33

19. UNDERTAKER Mrs Chas D. Bailey

(Address) 142 Jefferson St

Filed ... 19... Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1933 to 3-16 1933

I last saw her alive on 3-15 1933 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3-4
Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S Allen M. D.

(Address) 556 Augusta

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88641

CERTIFICATE OF DEATH

E 88641

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Walnut Ave. St. 23-W Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth 69 yrs. mos. ds.

2. FULL NAME Joseph Schmaing

(a) Residence: No. 1115 Walnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Schmaing

DATE OF BIRTH (month, day, year) Feb. 26, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Schmaing

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Fritzges
(Address) 1115 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Cem. Mar. 18, 1933

19. UNDERTAKER Harold F. Flynn
(Address) 1422 Light St.

FILED Huntington Ave. Station
MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1933 to March 15, 1933

I last saw h(er) alive on March 14, 1933 Death is said to have occurred on the date stated above, at 6.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis - Bronchopneumonia	3-10-33
Pneumonia Lagar	3-14-33
Other contributory causes of importance:	
Cardiac Insufficiency	3-13-33

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) Geo. L. Wiseley, M. D.

(Address) 4000 Edmondson Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88642

CERTIFICATE OF DEATH

X 82-001

Registered No. 20451 88642

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hillary Cartwright

(a) Residence: No. Elizabeth City NC St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia

7. DATE OF BIRTH (month, day, year) 1/10/61

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

13. NAME Ben Cartwright

14. BIRTHPLACE (city or town) (State or country) NC

15. MAIDEN NAME Louisa Hansen

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Elizabeth N.C. Date 3/16, 1933

19. UNDERTAKER Joseph Ahrens
(Address) 220 S Broad
Elizabeth City, NC

Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933 to March 17, 1933

I last saw h[illegible] alive on March 17, 1933. Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-24-33
Cerebral accident ?	3-14-33

Other contributory causes of importance:

Benign Prostatic Hypertrophy.	1926 or 27
	3-33

Name of operation Prostatectomy. Date of [illegible]

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lamar A. Gray M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88643 E 88643

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto md St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Hoffman

(a) Residence: No. 1909 W. Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl John J. Hoffman

DATE OF BIRTH (month, day, year) July 30,

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet March 18, 1933

19. UNDERTAKER Harry H Witzke
(Address) 1101 Edmondson Ave.

1933 Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1933, to 3-16, 1933

last saw h 19 alive on 3-16, 1933 Death is said to have occurred on the date stated above, at 7:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease auricular fibrillation	?

Other contributory causes of importance:

Bronchopneumonia	3-11-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-16-33 (Signed) Thos. Hirshberg, Jr. M. D.

(Address) Balto. City Hospitals

H. D. B. 1268-B

88644 HEALTH DEPARTMENT—CITY OF BALTIMORE

2 10234 Med.

CERTIFICATE OF DEATH

23E 88644

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-W (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Hogsworth

(a) Residence: No. 900 N. Fulton St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 29-1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	—	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME William Hogsworth

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Mollie Mehrling

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park March. 20, 1933

19. UNDERTAKER Harry T. Weeks
(Address) 1104 Edmondson Ave.

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-25-1933 to 3-16-1933

I last saw her alive on 3-16-1933. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis Active & Chronic	about 1929
Amyloid disease of spleen and kidneys	June 1932
Other contributory causes of importance:	
Renal insufficiency & uremia	Jan. 1933

Name of operation None Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hunter McHardy M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

38645 — CERTIFICATE OF DEATH — 38645

1. PLACE OF DEATH Provident Hospital, 1081 — Registered No.

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold Williams

(a) Residence: No. 1431 W. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none Infant.

DATE OF BIRTH (month, day, year) Nov. 17 1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md. Maryland

13. NAME Harold Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Viola Grander

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Viola Williams
(Address) 1431 W. Mount St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cmtry Date Mar 18, 1933

UNDERTAKER Thomas E Kelson
(Address) 1303 Presstman St

FILED 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1933, to 3-15, 1933

I last saw h[illegible] alive on 3-15, 1933. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Meningitis	3-7-33

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Harris, M. D.

(Address) Provident Hospital

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88646

38646

CERTIFICATE OF DEATH

131

—PLACE OF DEATH 1524 N. Gilmore st

REGISTERED NO.

ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.

—FULL NAME Minty A Gray

a) RESIDENCE NO. 1524 N. Gilmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	A. A.	Wid.

married, widowed, or divorced
HUSBAND of (or) WIFE of James Gray

TE OF BIRTH (month, day, and year) 1870

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
3	63			

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Domestic 070

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) Calvert Co. Md
(State or country)

NAME OF FATHER George Hawkins

BIRTHPLACE OF FATHER (city or town) Calvert Co
(State or country) md

MAIDEN NAME OF MOTHER Rosetta Hicks

BIRTHPLACE OF MOTHER (city or town) Calvert Co
(State or country) Md

Informant Selia H. Jones

(Address) 1524 N. Gilmore st

Huntington Hellings N.T. Registrar

8 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/33

17 I HEREBY CERTIFY, That I attended deceased from 3/12, 1933, to 3/16, 1933

that I last saw h alive on 3/15, 1933

and that death occurred, on the date stated above, at 2 30 Am.

The CAUSE OF DEATH* was as follows:

Myo Carditis
Hemiplegia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Nephritis - Hypertation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 632 Baker st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co Hallscreek. md.

20 UNDERTAKER Thomas E. Kelson

DATE OF BURIAL May 19 1933

ADDRESS 1303 Presstman St

M. D. B. 1268-9

38647 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38647

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Harford Rd St. 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katilda A Gapetz

(a) Residence: No. 3004 Harford Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gapetz

7. DATE OF BIRTH (month, day, year) Jan. 22, 1869

8. AGE Years	Months	Days	If LESS than 1 day old
64	I	21	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William W. Chesley

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Louisa Storre

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Charles Sonnenburg
(Address) 3004 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/18/33 19..

19. UNDERTAKER Geo. J. Ruth Inc
(Address) 1735 Washington Blvd

..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15/33

22. I HEREBY CERTIFY, That I attended deceased from 3/15/33 to 3/15/33

I last saw her alive on 3/15/33 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2/1/32
Pulmonary Edema	
Other contributory causes of importance:	
Lobar Pneumonia	3/8/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Meyer M. D.

(Address) 1500 E. 33rd St.

3 1933

H. D. B. 1268-9

8648 55 Med

HEALTH DEPARTMENT—CITY OF BALTIMORE B8648

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcus Kimmel

(a) Residence: No. 27 S Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) April 26 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Kimmel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma A. Kelly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mch 20 1933

19. UNDERTAKER H. Hennegan & Son
(Address) Pulaski St & Lanvale

MAR 18 1933 Huntington Undertaking Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 17 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1933 to Mar 17 1933

I last saw her alive on Mar. 17 1933 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Arterio sclerotic, heart disease	4 yrs.
Coronary, thrombosis	10 days
Cerebral embolus	36 hrs
Myocardial failure, chronic	2 yrs
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation None Date of —

What test confirmed diagnosis? PM Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Stanton McHardy M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

88649 HEALTH DEPARTMENT—CITY OF BALTIMORE 88649

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2662 Penna Ave 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Breiner

(a) Residence: No. 2662 Penna Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of J. Joseph Breiner

DATE OF BIRTH (month, day, year) March 29 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Francis H. Schneider

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Louisa Brandes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. J. Breiner
(Address) 2662 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 20, 1933

19. UNDERTAKER Wm J. Tschudy & Son
(Address) Hall & Pa. Washington Blvd.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to March 17, 1933

I last saw h[illegible] alive on March 16 1933. Death is said to have occurred on the date stated above, at 2.12 [illegible]m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia and	
E Myocarditis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Fred C Jewett, M. D.

(Address) 257 Penna Ave

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8650

CERTIFICATE OF DEATH

82 E 88650

PLACE OF DEATH

Y OF BALTIMORE: (No. 520 W Biddle St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

rth of residence in city or town where death occurred 25 yr. ... mo. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Bertha E. Satchel

(a) Residence: No. 520 W Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07°

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Minnie Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Sarah Saunders

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Means

(Address) 546 W Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place U S National Date 3/20/33 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1054 W Montgomery St

Huntington Williams, M.D.

20. 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Clark Coroner M. D.

(Address) Coroner

B. B. 1268-9

88651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88651

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 409 N. 23rd St., 17-61 Ward)

gth of residence in city or town where death occurred 0 yrs. 0 mos. 26 dys. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 26 dys.

FULL NAME Robert Capperella

(a) Residence: No. 409 N. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 19/1933.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	26.	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Samuel Capperella

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Metrandale

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mary Capperella Mother

(Address) 409 N. 23. St.

BURIAL, CREMATION, OR REMOVAL

Place Mary Land Cemetery Date Mar 18 '33

UNDERTAKER Walter Dawson

ADDRESS 3618 Eastern Ave.

FILED 8 1933 Huntington Capperella M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933, to March 17 1933.

I last saw him alive on March 17 1933. Death is said to have occurred on the date stated above, at 8 10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	March

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Millard M. D.

(Address) 2317 Eutaw Place

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

38652 E 38652

CERTIFICATE OF DEATH

X 23

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3992 Roland Av St., 13-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Martha E. Leach

(a) Residence: No. 3992 Roland Av St., ... Ward. State Sanitorium
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James R Leach deceased

DATE OF BIRTH (month, day, year) Jan 13 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Lod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Thomas Shriner

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Sarah M Cost

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT M. Leach

(Address) 3992 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date May 19 1933

19. UNDERTAKER J. Ellis Marshall

(Address) 3539 Gall Road

20. Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1- 1933, to March 17 1933

I last saw h.w alive on March 16 1933 death is said to have occurred on the date stated above, at 8:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid Tuberculosis (Pulmonary)	1917

Other contributory causes of importance:

Broncho-Pneumonia	3/8/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert L. Lockard, M. D.

(Address) 711 W Lanvale

D. B. 1268-9

88653 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88653

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 137

CITY OF BALTIMORE: (No. 1532 N. Gilmore St. (or Hospital)) 18 - 04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Thomas

(a) Residence: No. 824 N. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.C.	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Jane

DATE OF BIRTH (month, day, year) March 1, 1845

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
88		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Non e

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME OF FATHER Benjamin Thomas

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Jane Dukes

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Lucy Thomas Peale

(Address) 1035 Vine St.

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date March 18, 1933

UNDERTAKER Mrs Katie R. Williams

(Address) 322 W. Lexington St.

FILED 1933 Huntington Funeral Home, Inc.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1933, to 3/15, 1933

I last saw h[illegible] alive on 3/15, 1933. Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Uremia	

Other contributory causes of importanre:

Chr. Nephritis	
Arteriosclerosis	
Senility	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Casson C. Johnson M. D.

(Address) 1632 Baker St

. B. 1268-9

8654 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88654

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 310 N. Fremont St., 18-01 Ward)

gth of residence in city or town where death occurred 30 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Reid

(a) Residence: No. 310 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

If married, widowed, or divorced WIFE of (or) HUSBAND of Etta Reid

ATE OF BIRTH (month, day, year) Dec 6 1886

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke Insulator

9. Date deceased last worked at this occupation (month and year) 1931

10. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) Richmond
(State or country) Virginia

12. NAME of father James Anderson Reid

13. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

15. MAIDEN NAME of mother Emma Blackwell

16. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

INFORMANT Jennie Robinson
(Address) 310 N. Fremont

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date March 18, 1933

UNDERTAKER Mrs Katie R. Williams
(Address) 22 S. Schroeder St.

3.1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1933 to 3/16, 1933

I last saw h alive on 3/15, 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
Ilness 6 months, confined to bed 3 weeks.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dan Francis M. D.

(Address) 122 W Lee St.

. D. B. 1268-9

88655 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88655

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1051 N. Central Ave St. 10-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam P. Mueller

(a) Residence: No. 1051 N. Central ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Theresa C. Mueller

DATE OF BIRTH (month, day, year) Jan. 13 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Catherine A. Mueller

(Address) 1051 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Cemetery Date March 21 1933

19. UNDERTAKER Henry Aberdeen Sons Inc.

(Address) 1301 E. Eager St

Filed MAR 21 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 17 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to March 17, 1933

I last saw him alive on March 16, 1933. Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis fibroid phthisis	

Other contributory causes of importance:

Exhaustion.

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm Pettit M.D.

(Address) 701 N. Kenwood Ave

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88656

3656

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1942 Ridgehill St. 15-01 Ward)

th of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

FULL NAME Anna M Mertz or Merz

(a) Residence: No. 1942 Ridgehill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fml | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad.

ATE OF BIRTH (month, day, year) Aug 21-1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
9. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Germany

13. NAME mother

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fuss

16. BIRTHPLACE (city or town) (State or country) Balto, Md

INFORMANT (Address) 54 Edgewood Rd

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/20/33

UNDERTAKER Geo. A. Little & Son

(Address) 4120 Edmondson Ave

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Funk Coroner, M. D.

(Address) ...

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88657 E 88657

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Hollins St. St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Victoria Cross

(a) Residence: No. 1213 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Allen Cross

DATE OF BIRTH (month, day, year) Oct. 12-1889.

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zalma Missouri

13. NAME ? Allen

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Lawrence Allen Cross
(Address) 1213 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 20- 1933.

19. UNDERTAKER Chas J. Schwab
(Address) 502 N Monroe St.

1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to March, 1933

I last saw h.. alive on Feb. 4th, 1933. Death is said to have occurred on the date stated above, at 1230 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix.	Feb. 32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) John Mason Hundley Jr. M. D.

(Address) 632 Medical Arts Bldg. Baltimore. Md.

I. D. B. 1268-9

8658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88658

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St. [illegible]-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Holthaus (Holthaus)

(a) Residence: No. 321 S Ellwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Holthaus

DATE OF BIRTH (month, day, year) 12/29/85

AGE	46 Years	2 Months	20 Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md
(State or country)

13. NAME Albert Kaufer

14. BIRTHPLACE (city or town) Balt. Md
(State or country)

15. MAIDEN NAME Barbara Spittle

16. BIRTHPLACE (city or town) Balt Md
(State or country)

17. INFORMANT Patient Ellwood
(Address) 321 S Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Mar 20, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED MAR 18 1933, 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to March 16, 1933
I last saw her alive on March 16, 1933. Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Peritonitis	(?)
Streptococcus Septicemia (Streptococcus Hemolyticus)	(?)
Other contributory causes of importance: Acute Myocardial Failure	4 hrs duration

Name of operation Appendectomy Date of March 14

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H Norwood M. D.

(Address) Church Home & Infirmary

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8659

CERTIFICATE OF DEATH

131 E 88659

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. German Aged Home St. 30-01 Ward)

rth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Barnickel

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 22, 1854

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	23 25	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Albany
(State or country) New York

3. NAME Wolfgang Barnickel

4. BIRTHPLACE (city or town) Germany
(State or country)

5. MAIDEN NAME Anna Lehnies

6. BIRTHPLACE (city or town) Germany
(State or country)

NFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

BURIAL, CREMATION, OR REMOVAL Evangelical Lutheran Cemetery
Place Druid Hill Park Date March 20, 1933

UNDERTAKER Joseph B Cook
(Address) 1003 W. Baltimore St.

Huntingtown Prince Georges, Md
Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933 to March 17—, 1933

I last saw her alive on March 16, 1933 Death is said to have occurred on the date stated above, at 12.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Myocarditis —	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

3/17/33 (Signed) Ethelbert Denning M. D.
(Address) 2000 Hollins St.

spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88660

88660

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1121 Bayard St. 21-01 Ward)

2-FULL NAME Ida B. Burton

(a) RESIDENCE. No. 1121 Bayard St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6 If married, widowed, or divorced (or) WIFE of widow Edward Burton

DATE OF BIRTH (month, day, and year) May 7th 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework — 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Wash L. Gosnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Emily R. Murray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Blanch Gosnell

(Address) 1121 Bayard St

Filed 3/20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17th 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1932, to March 17 1933, that I last saw h er alive on March 17th 1933, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Endocarditis and Chronic Interstitial Nephritis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Nelson, M. D.

, 19 (Address) 3055 W. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	3/20 1933
20 UNDERTAKER Robert Brooks & Son	ADDRESS Catherine Holl

D. B. 1268-9

E 88661

88661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √ 161-004

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1500 Druid Park St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Helen L. Longford.

(a) Residence: No. Laurel Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Single	
If married, widowed, or divorced, HUSBAND of (or) WIFE of: No			
DATE OF BIRTH (month, day, year): Nov 8-1933			
AGE: Years	Months	Days: 10	If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

8. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

9. BIRTHPLACE (city or town) (State or country): Laurel Md

10. NAME: Chas Crawford.

11. BIRTHPLACE (city or town) (State or country): Md

12. MAIDEN NAME: Helen L Thomas

13. BIRTHPLACE (city or town) (State or country): Md.

14. INFORMANT (Address): Chas Crawford Laurel Md

15. BURIAL, CREMATION, OR REMOVAL: Place Locust Chapel Date May 20 1933

16. UNDERTAKER (Address): Easton Sons Ellicott City.

17. FILED: 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18 C C 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Umbilical Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner. M. D.

(Address) ...

Spec. 6-9-19—H. P. Co.—1000 Bks.

562

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88662

CERTIFICATE OF DEATH.

√ 93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2616 Talbot Pl (ST.) 15-01 (WARD)

2-FULL NAME Milton McGraw

(a) RESIDENCE. NO. 2616 Talbot Pl ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ellen M. McGraw

DATE OF BIRTH (month, day, and year) July 23 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	84	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER John McGraw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Eliz. A. Law

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Mrs. Ellen M. McGraw

(Address) 2616 Talbot Pl

Filed ..... 19 ..... Registrar .....

9 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar-18- 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar-9- 1933 to Mar 18 1933, that I last saw him alive on Mar-18 1933, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Cerebral. Hemorrhage or rupture of blood vessels. Gradual onset. Duration one day.

(duration) subsequent yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

Senile (duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) H. Klinefelter, M. D.

19 (Address) 720 Lemmon Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
David Ridge	March 20 1933

20 UNDERTAKER Geo M Sittle

ADDRESS 2700 Edmondson Ave

E 88663

V 131

H. D. B. 1268-B

88663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Webster St. 24-01 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose D. Day

(a) Residence: No. 1736 Webster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Day

DATE OF BIRTH (month, day, year) May 28, 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John C. Evans

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elmira Evans

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emil Day 1736 Webster St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar 20 1933

19. UNDERTAKER Wm. Cook
(Address) 127 N. Pine St.

20. FILED MAR 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1933 to Mar. 17, 1933

I last saw her alive on Mar. 17, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Uremia	3/16/33

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. K. Campbell M. D.

3/17/33 (Address) 1644 Hanover St

MAR 19 1933

88664 E 88664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Maryland General Hospital Registered No.
CITY OF BALTIMORE: (No. 9-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Huber

(a) Residence: No. 2311 Aiken Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jolane Huber

DATE OF BIRTH (month, day, year) Aug 29, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0?3
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lancaster Penna.

13. NAME Emma Huber
14. BIRTHPLACE (city or town) (State or country) Penna.
15. MAIDEN NAME Katherine Hoover
16. BIRTHPLACE (city or town) (State or country) Penna.
INFORMANT Hospital Records
(Address)
BURIAL, CREMATION, OR REMOVAL Mount H. O. Cemetery
Place Columbia, Pa. Date Mar 19 1933
UNDERTAKER John Cook
(Address) 1217 St Paul St.
FILED 19 1933 Harrington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17, 1933
22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1933, to 3-17, 1933.
I last saw him alive on 3-17, 1933. Death is said to have occurred on the date stated above, at 7.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene of left foot	2-15-33
Other contributory causes of importanre: Myocarditis	1923
Myocardial failure	3-17-33

Name of operation Low thigh amputation Date of 3-16-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homiride? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. E. Davis M. D.
(Address) Md. General Hospital

D. B. 1268-6

Kammerwasser Dr Kador Eutaw Place

665 HEALTH DEPARTMENT—CITY OF BALTIMORE 88665

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Springdale St 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Elizabeth Kammerwasser

(a) Residence: No. 1408 Springdale ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Kammerwasser

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia P. A.

13. NAME of Father Isaac Hyes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Martha ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertram Rosenthal

(Address) 4408 Springdale

18. BURIAL, CREMATION, OR REMOVAL

Place Phila P.A. Date 3/20/33

19. UNDERTAKER Jack Levin Inc.

(Address) 1132 E Baltimore St

20. FILED 3 1933 11 a.m. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to March 18, 1933

I last saw her alive on March 18, 1933. Death is said to have occurred on the date stated above, at 10-55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis	?
Angina pectoris	
Myocarditis	

Other contributory causes of importance:

Coronary Thrombosis	3-17-33

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Kador M. D.

(Address) 2306 Eutaw Place

o. 5-H 250B

Dora Vera Hyatt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88666

88666

CERTIFICATE OF DEATH

93-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sou 14 Baltimore Gen Hosp St. 3-01 Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? 70 yrs. mos. ds.

FULL NAME Mrs. Dora Vera Hyatt

(a) Residence: No. 248 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Davis

ATE OF BIRTH (month, day, year) 1863

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

3. NAME Isaac

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Ida Rava

6. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION OR REMOVAL
Place Levan Southern Cem Date 3-19-33

UNDERTAKER Levi Levin Sons
(Address) 1437 E. Baltimore St

FILED 19 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1933 to 3-18-33, 19
I last saw h[illegible] alive on 3-18, 1933 death is said to have occurred on the date stated above, at 11.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris-Sclerotic Myocardial Degeneration	
Bi-lateral Hypostatic Pneumonia	3-12-33
Other contributory causes of importance: Cerebral Accident - Left Hemiplegia	3-15-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Levin, M. D.
(Address) South Baltimore Gen Hosp

. D. B. 1268-9

8667 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 8667.

CERTIFICATE OF DEATH

V 121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Steel

(a) Residence: No. 1700 Christiana Ave St., ... Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Steel

DATE OF BIRTH (month, day, year) 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Frank Steel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date 3-19-33 19

19. UNDERTAKER Jacob Lanzi Inc

(Address) 3-19-33 E Balto St.

20. FILED 3-19-33 Huntington Wilkinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1933, to 3-18, 1933

I last saw h[illegible] alive on 3-18, 1933 Death is said to have occurred on the date stated above, at 8:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Coronary Thrombosis	
1	

Other contributory causes of importance:

Acute Bronchitis	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) David Hamot Cappe, M. D.

(Address) Sinai Hospital

B. 1268-9

E 88668

88668 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Johns Hopkins Hospital 2-01 Ward)

th of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mitchel Sarp

(a) Residence: No. 11 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
n	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 12-9-1918

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md.

. NAME Jacob Sarp

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME Sarp Fisher

. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Jacob Sarp

(Address) 3011 Wyoth ave

URIAL, CREMATION, OR REMOVAL Forest Park Cem Date 3-17-33

NDERTAKER Jack Levin Jos

(Address) 1434 E. Baltimore

ILED 19 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 9.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date (approx.)
Cerebral Hemprrhage	3/15/33

Other contributory causes of importance:

Probably Fractured Skull	3/16/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homi... accident Date of inju... 3/16/33 19...

Where did injury occur? Lot Pub School 93
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Struck by batted baseball

Nature of injury behind left ear.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos S Paul M. D.
Coroner

(Address) 508 E Monument

B. 1268-4

3669

HEALTH DEPARTMENT—CITY OF BALTIMORE 38669

CERTIFICATE OF DEATH

93-004

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1020 Sterling St., 10-01 Ward)

th of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lina Nelson

(a) Residence: No. 1020 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	col	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Nelson

TE OF BIRTH (month, day, year) Aug 14/1876

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc..

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) West Point, Va

. NAME Martin Cooper

. BIRTHPLACE (city or town) (State or country) Va.

. MAIDEN NAME Lina *******

. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Grace Stafford (daughter)

(Address) 1020 Sterling St

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 3-19 19 33

NDERTAKER Bryant Harris & Wright

(Address) 1 E Pre & Eldersley St

ILED Huntington Virginia W. Va.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. Hawes, M. D.
Coroner

(Address) 1006 Druid

B. 1268-9

88670 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 88670

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1759) Homestead St., 9-01 Ward)

th of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Minnie C. Miller

(a) Residence: No. 1759 Homestead St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Miller

ATE OF BIRTH (month, day, year) 9/7/1878

GE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54	6	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country) Md

3. NAME Benson Gaulthall

4. BIRTHPLACE (city or town) (State or country) Md

5. MAIDEN NAME Mat Kuvun

6. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Wm Miller

(Address) 1759 Homestead St

BURIAL, CREMATION, OR REMOVAL 3/21/33 19

Date

Where Loudon PK

UNDERTAKER Geo H. Leimbach

(Address) 521 N. Eutaw St

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1933 to March 17 1933

I last saw her alive on March 11 1933 Death is said to have occurred on the date stated above, at 8:35 p. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver
of Pancreas
Jaundice Gallbladder
Ductus Liver & Stomach

Date of onset

Other contributory causes of importance:

Blocked off
Stomach by
Tumor Mass

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ed Cummings M. D.

(Address) 2808 Maryland Ave

E 88671

D. B. 126
88671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2116 St Paul St., 1930 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 91 yrs. — mos. — ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Sara Matilda Tudor
(a) Residence: No. 2116 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, year): about July 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 92	91	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): 1880
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME OF FATHER: Henry C. Tudor
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
15. MAIDEN NAME OF MOTHER: Martha Crawford
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
17. INFORMANT: Edw. W. Tudor (cousin)
(Address) 3502 Clifton Ave
18. BURIAL, CREMATION, OR REMOVAL: Date 3/20/33
Place Emmart
19. UNDERTAKER: Hooper & Co
(Address) Lexington Ave.
20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from JUNE 22nd, 1932, to MARCH 17th, 1933.
I last saw h.[illegible] alive on MARCH 17th, 1933. Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO SCLEROSIS	?
Other contributory causes of importance:	
ADVANCED AGE	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thomas L. Shearn, M. D.
(Address) 205 N. Charles St

Registrar.

19 1933

D. B. 1268-9

88672 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88672

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals Registered No.
CITY OF BALTIMORE: (No. Balto Med St., 12-01 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Page (John Allison Page) 13-
(a) Residence: No. 2001 2201 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Etta

DATE OF BIRTH (month, day, year) 3-10-1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Georgia
13. NAME Bryant J Page
14. BIRTHPLACE (city or town) (State or country) Ga.
15. MAIDEN NAME Carolin Wall
16. BIRTHPLACE (city or town) (State or country) Georgia
INFORMANT Record Clerk. (Address) Balto City Hospitals
BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date 3/17/33
UNDERTAKER Edward Waltemeyer (Address) 1058 Hanover Ave
FILED Mar 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-33

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933 to 3-17, 1933
I last saw him alive on 3-17, 1933 Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	3-14-33
Other contributory causes of importance: Arteriosclerosis	? 1

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

3-18-33 (Signed) Chas Heisberger M. D.
(Address) Balto. City Hospitals.

88673

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 88673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

y of BALTIMORE: (No. 345 Scott St. 21-01 Ward)

2-FULL NAME William Henry Disney.

(a) RESIDENCE NO. 345 Scott St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
ale	Wht	Married

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie V Disney

ATE OF BIRTH (month, day, and year) July 14. 1871

E	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	8	2	

CUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Richard E. Disney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sarah Wheeler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

Informant
(Address) 345 Scott St

Filed (Registrar)

19 1333

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
March 16, 1933

17
I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Mar 16, 1933,
that I last saw h living on Mar 16, , 1933
and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 6 mos. ds.

CONTRIBITORY (Secondary) mitral insufficiency

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? phys. Exam

(Signed) [illegible] M. D.
, 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial
Mt Olivet Cemetery 3/20 19 33

20 UNDERTAKER ADDRESS
Bernard A Funk 78 Wash Blvd

B. 1268-9

38674 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38674

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Franklin Square Hosp (No. 1 E-01 St., 16 Ward)

Y OF BALTIMORE

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ronald Gabriel

(a) Residence: No. 716 W Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Dec 29-1932

E Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) ... in this

IRTHPLACE (city or town) Balto Md
(State or country)

. NAME Jas Gabriel

. BIRTHPLACE (City or town) Balto Md
(State or country)

. MAIDEN NAME Vida Skenka

. BIRTHPLACE (city or town) Newark N J
(State or country)

NFORMANT Jas Gabriel

(Address) 716 W. Barre

URIAL, CREMATION, OR REMOVAL

Place Holy Cross A A Date 3/2/33 19

NDERTAKER John V Kenny Son & Co

(Address) 22 S Eutaw St

ED 19 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
3 days	
Other contributory causes of importance:	
unknown	

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? Physical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leuch M. D.
Coroner

(Address) Coroner

...—9-30—A. & Co.—250 Blks.

88675 HEALTH DEPARTMENT—CITY OF BALTIMORE 88675

CERTIFICATE OF DEATH.

46 E

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

...Y OF BALTIMORE: (No Bon Secours Hosp. St 19-01 WARD)

2-FULL NAME Daniel J. Healey

(a) RESIDENCE NO. 105 South Gilmore Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred 58 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Healey

...ATE OF BIRTH (month, day, and year) June 15th 1874

...GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58		9	1	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) at Bar

(c) Name of employer —

...IRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John F. Healey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary N. Maher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mary F. Healey
(Address) 105 S. Gilmore St

...Ill... 19 ... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-33

17

I HEREBY CERTIFY, That I attended deceased from Feb. 2, ..., 1933, to Mar. 16, ..., 1933

that I last saw h... alive on Mar. 16, ..., 1933

and that death occurred, on the date stated above, at 11:55 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas
& Hepatic metastases

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pachymeningitis fibrinosa?
Anemia (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? yes Date of 3-1-33

Was there an autopsy? no-

What test confirmed diagnosis? Clinical -

(Signed) B. N. Douthwaite M. D.

...19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL March 19th 1933

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmore

I. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 88676

8676

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18 E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Brown

(a) Residence: No. 817 Pebble St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Prince Geo Co. Md.

13. NAME Isaac Brown

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

15. MAIDEN NAME Lettie ?

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mch 22, 1933

UNDERTAKER Wm. H. Chase & Son
(Address) 638 N. Eutaw

FILED ..... Huntington Pollard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1932 to 3-18, 1933

I last saw him alive on 3-18, 1933 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Benign Prostatic Hypertrophy 1931

Arteriosclerosis —

Other contributory causes of importance:

Uremia — 3/17/33

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Wm. Jones Pollard M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

677 78796 — 88677

CERTIFICATE OF DEATH

23

Registered No.

. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 1 [illegible] Ward)

ngth of residence in city or town where death occurred? ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

. FULL NAME William Coleman

(a) Residence: No. 2039 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-16-30

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
3	2	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME Cecil Coleman

14. BIRTHPLACE (city or town) (State or country) Ala

15. MAIDEN NAME Regina Holland

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Wed 22 1933

UNDERTAKER Sam'l M. Chase & Son

(Address) 1931 E. Oliver

MAR 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to March 19, 1933

I last saw him alive on March 19, 1933 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	3/7/33
Mediastinal tuberculosis	

Other contributory causes of importance:

Name of operation Lumbar puncture Date of 3/15 & 3/17

What test confirmed diagnosis X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Allan Ross, M. D.

(Address) [illegible]

E 88678

8678

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Providence Hospital
Y OF BALTIMORE: (No. 1514 Druid Park St., 4-01 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME William Fletcher

(a) Residence: No. 226 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col.	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 16-1915

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newsboy
. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales
. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

3. NAME William F. Fletcher

4. BIRTHPLACE (city or town) Ind
(State or country)

5. MAIDEN NAME Viola Harman

6. BIRTHPLACE (city or town) Md
(State or country)

NFORMANT Harriett Tyson
(Address) 226 W. Pratt St

BURIAL, CREMATION, OR REMOVAL Mch 20 1933
Place Mt. Calvary Date .....

NDERTAKER Lord M. Fraser Sons
(Address) 650 N. Eutaw
Pennington Pharmacy Registrar.

19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1933 to 3-16 1933

I last saw h. alive on 3-16 1933. Death is said to have occurred on the date stated above, at 9:16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-14-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Harris, M. D.

(Address) Providence Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88679

CERTIFICATE OF DEATH

9 B 88679

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. 411 S. Eden St. St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Rose Maria Perna

(a) Residence: No. 411 S. Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

DATE OF BIRTH (month, day, year): March 2 1931

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant (Tot)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: August Perna

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Rosalinda Sarolina

16. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT: August Perna

(Address) 411 S. Eden St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 20 1933

UNDERTAKER: Wendell Leppis

(Address) 300 S. Eden St.

9 1933 Washington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to March 18 1933

I last saw her alive on March 18, 1933. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Pertussis	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease ~~or injury~~ in any way related to occupation of deceased?

No If so, specify

(Signed) L. D. Isaacs M. D.

(Address) 3114 Wilkens Ave.

o. 5-11 250B

680 Willower

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88680

CERTIFICATE OF DEATH

PLACE OF DEATH Jerkins Memorial Hospital 1500 Eaton Avenue

Y OF BALTIMORE: (No. St. Agnes Hos St. 26-01 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Catherine Willower

(a) Residence: No. 5317 Belleville St., or Ward. Balt. Md.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

f married, widowed, or divorced (or) WIFE of Henry P. Willower

ATE OF BIRTH (month, day, year) Jan. 17, 1875

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	..	1	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

9. NAME Jane E. Joyce

10. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

11. MAIDEN NAME Elizabeth Heim

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

NFORMANT Jerkins Memorial Hosp
(Address) 1500 Eaton Avenue

URIAL, CREMATION, OR REMOVAL
Place Woodlawn Date March 20 1933

NDERTAKER Martin Fisher & Sons
(Address) 1827 North Ave.

R 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to March 16, 1933

I last saw h.. alive on March 16 1933 death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left breast	
Generalized bronchostasis	

Other contributory causes of importance:

Name of operation Radical Breast Date of amputation 1930

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Alfred Van Sims, M. D.

(Address) St. Agnes Hos

D. B. 1268-9

3681 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 88681

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Marshall St. 23-01 Ward)

Length of residence in city or town where death occurred 43 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa E Newell

(a) Residence: No. 1420 Marshall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Newell

6. DATE OF BIRTH (month, day, year) Sept 3, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis H Dersolin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth E Kern

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis H Dersolin
(Address) Md

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 21 1933

UNDERTAKER A Reed Evans & Son
(Address) 38 E Eager Ave

FILED MAR 22 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1933 to March 18 1933

I last saw her alive on March 18, 1933. Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
Chr Nephritis	

(Other contributory causes of importance:)

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) John G. Schemmel M. D.

(Address) 1335 S. Charles St.

. B. 1268-9

8682 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 88682

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Provident Hospital

TY OF BALTIMORE: (No. ..... St., 14-0½ Ward)

gth of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jannetta Keyes

(a) Residence: No. 625 Pitcher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1 1895

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

. Date deceased last worked at this occupation (month and year)

0. Total time (years) spent in this occupation 37

IRTHPLACE (city or town) Carroll Co
(State or country) Md.

3. NAME John Keys

4. BIRTHPLACE (city or town) Md
(State or country)

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) Md
(State or country)

NFORMANT Hospital Records
(Address) 520 Druid Hill Ave

URIAL, CREMATION, OR REMOVAL
Place Douglas Memorial Date 3/19/33 19....

NDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Druid Hill Ave

ILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1933 to March 16, 1933

I last saw h.r alive on March 6, 1933 Death is said to have occurred on the date stated above, at 5:20 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other **contributory causes** of importance:

Name of operation Amputation of Breast Date of 3/6/33

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. Bradley Stygins M. D.

(Address) Provident Hospital

—8-16-29—L. F. S.—100 Bks.

Steer

E 88683

88683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓127

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 2001 Park Ave ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Mary F. Steer

a) RESIDENCE NO. 2001 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	white	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Steer

TE OF BIRTH (month, day, and year) Oct 2/1840

Years	Months	Days	If LESS than 1 day, hrs. or min.
92	-	16/15	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work. at home

) General nature of industry, siness, or establishment in ich employed (or employer)

) Name of employer

THPLACE (city or town) Va
tate or country)

NAME OF FATHER James Dutton

BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Miss Bertha Tawes

(Address) 2001 Park Ave

Filed 3 1933 Huntington Lafayette, Ind.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-1933

17 I HEREBY CERTIFY, That I attended deceased from February 13. 1933. to March 18. 1933,

that I last saw her alive on March 18, 1933

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) C. F. Robinson M. D.

3/18. 1933 (Address) Medical Arts Building.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waterford Va — DATE OF BURIAL March 20 1933

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

—M. & T.—100 B—50L

E 88684

88684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/81

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 W. Henrietta St. ST. 23-01 WARD)

2-FULL NAME Emelia Weise.

(a) RESIDENCE NO 103 W. Henrietta St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

If ~~married, widowed, or divorced~~ widowed, or ~~divorced~~

(or) WIFE of Robert Weise.

DATE OF BIRTH (month, day, and year) November 11, 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George F. Meyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Sophia -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Louis Weise. (son)

(Address) 103 W. Henrietta St.

Filed ..... 192 ..... Registered .....

201933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive burns over whole body, in attempting to light oil stove.

Accidental Death.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt Coroner, M. D.

3/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 20 1933

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son

ADDRESS 84 W. Fayette

D. B. 1268-9

Dr Hubbett 2220 Garrison Blvd 21,2450

HEALTH DEPARTMENT—CITY OF BALTIMORE 88635

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2217 Roslyn Av 15-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin F. Smith

(a) Residence: No. 2217 Roslyn Av St. Walbrook

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Mary C. Smith

7. DATE OF BIRTH (month, day, year) Nov 14th 1843

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Phoebe Stratton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT E. A. Smith

(Address) 2217 Roslyn Av

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 20th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Mar 20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11/32, 19..., to March 18/33, 19...

I last saw him alive on ~~Dec~~ March 17/33 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 11/32

Other contributory causes of importance:

Arterio-sclerosis	1928
Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S Hubbett M. D.

(Address) 2220 Garrison

E 88686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Poplar Terrace St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Garey

(a) Residence: No. 2920 Poplar Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice L Garey

6. DATE OF BIRTH (month, day, year) June 18 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) Jan 1932 | 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Denton Md

13. NAME of Father Matthew Garey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Sarah J Warren

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Irvin L Garey Son

(Address) 2912 Poplar Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 3/22 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Mar 19 1933

I last saw him alive on Mar 15 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope about 10 minutes	
Other contributory causes of importance: Mitral Regurgitation 5 years	Feb 15 1933

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No To My Knowledge

(Signed) G Lotus Ewell M. D.

(Address) 2945 E. Fayette St

20168

B. 1268-9

E 88687

687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Hopkins Hospital St., 28-01 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sallie Scaggs

(a) Residence: No. 3110 Brightwood Ave s (Howard Park)

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	married

married, widowed, or divorced HUSBAND of (or) WIFE of William Scaggs

ATE OF BIRTH (month, day, year) Marcg 30/1865

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	15 17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewwork 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME James Gordon

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Sarah Brown

13. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Nellie W. Cunningham

(Address) 3110 Brightwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 20 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at 1.45 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Emphysema Lungs	?
General Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Carter M. D.

Coroner

(Address) 508 E North Ave

88688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88688

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St., 25-01 Ward)

this negro not correct.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Chris Schwarmstzke - or Shermisky

(a) Residence: No. 2003 Letitia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes —

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
As correct	46	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 8d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Simon Schwarmstzke

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Records, Balto. City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 21 1933

UNDERTAKER John Gretzinger

(Address) 423 S. Paca St.

FILED 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-33

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1933 to 3-18 1933

I last saw him alive on 3-18 1933 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-12-33
Other contributory causes of importance: arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-18-33 (Signed) Elmer Highbarger M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

Muehlack

88689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88689

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH Balto City Hospitals

Registered No.

TY OF BALTIMOKE: (No. Balto md St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Bernard Mehlack

(a) Residence: No. 1415 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) Sept 18 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation -

BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Bernard Mehlack

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Record Balto. City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 3/21, 19 33

UNDERTAKER Frank A. Pfeifer
(Address) 610 N Gay St

FILED MAR 20 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 19 33 to 3-17, 19 33

I last saw h alive on 3-17, 19 33 Death is said to have occurred on the date stated above, at 9:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease auricular sclerosis	?

Other contributory causes of importance: Uremia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-17-33 (Signed) Elmer Ariglesberger M. D.

(Address) Balto. City Hospitals

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88690

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William H. Newman

(a) Residence: No. 38 Washington Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Rosa Newman

TE OF BIRTH (month, day, year) May 11-1878

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation.

IRTHPLACE (city or town) (State or country) Md

. NAME John Newman

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Rosa Newman

(Address) 38 E Washington Blvd

URIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 3-21 1933

NDERTAKER Bryan & Sinnickson

(Address) 184 W Washington Blvd

ED 1933 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19- 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, Cervical Vertebra	3-18-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~ Date of injury 3-18 1933

Where did injury occur? Bucto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell down stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If not, specify .....

(Signed) Edgar Fetter M. D.
Coroner

(Address) R 139 Eastern Ave

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3691 E 88691

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 613 W Fayette St. 14-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Adam Bender

(a) Residence: No. 613 W Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Male White

5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of: Mikalina

6. DATE OF BIRTH (month, day, year): 1887

AGE: Years 45 Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Factor

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Theo Bender

(Address) 613 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 21, 1933

19. UNDERTAKER Chas B Kucharskas

(Address) 637 S Paca St

FILED 20 1933 Huntington Indiana Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Injury

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

. B. 1268-9

8692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88692

CERTIFICATE OF DEATH

V 95-002

PLACE OF DEATH Lewindale

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Belvedere & Greenspring St. 27-61 Ward)

th of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

FULL NAME Bessie Pearlman

(a) Residence: No. Lewindale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
over 105			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) (State or country) Russia

. NAME

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME

. BIRTHPLACE (city or town) (State or country) —

NFORMANT Sigmund Fernblatt
(Address) Belvedere & Greenspring

URIAL, CREMATION, OR REMOVAL
Place Rosedale Date 3-20-33 19...

NDERTAKER Jack Lewis Inc.
(Address) 1739 E. Baltimore St

20 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19- ... 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16 ... 1933 ... to 3-19 ... 1933

I last saw h[illegible] alive on 3-19 ... 1933 Death is said to have occurred on the date stated above, at 9:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 days
Chr card. valvular disease.	

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. Edmund Levin M. D.

(Address) Lewindale.

D. B. 1208-9

8693 HEALTH DEPARTMENT—CITY OF BALTIMORE 8693

CERTIFICATE OF DEATH

V 161-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Boy Goldstein

(a) Residence: No. Sinai Hospital St., 1808 N Parkside Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 16, 1933

AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 600

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Melvin Goldstein

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mamie Zurenty

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Petrea Mt Carmel Date 3-20-33 19...

19. UNDERTAKER Jack Levin Inc
(Address) 1437 E. Balto St

20. FILED 3-21-1933 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933 to March 19, 1933

I last saw him alive on March 19, 1933 Death is said to have occurred on the date stated above, at 8 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Jaundice (Obstruction)	3/16/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Victor Robert Cohen M. D.

(Address) Sinai Hospital

B. 1268-9

88694

HEALTH DEPARTMENT—CITY OF BALTIMORE

88694

CERTIFICATE OF DEATH

14-01 V 108

Registered No. E 88694

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 505 N. Mount St. Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dant Jones

(a) Residence: No. 505 N. Mount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Feb	Col	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones

TE OF BIRTH (month, day, year) July 14 1868

E Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Yrs

IRTHPLACE (city or town) (State or country) Jonas Jones Va

. NAME Va

. BIRTHPLACE (city or town) (State or country) Mount Shepherd

. MAIDEN NAME Va

. BIRTHPLACE (city or town) (State or country) Va

FORMANT Mary Jones

(Address) 505 N. Mount

URIAL, CREMATION, OR REMOVAL

Place Mt Hope Date 3/20 1933

NDERTAKER Charles G. Cooper

(Address) 514 N. Eutaw St. Baltimore Md

Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 CC 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
3 Days	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leek Coroner M. D.

(Address)

D. B. 1268-0

88695 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88695

CERTIFICATE OF DEATH

X V 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital Ward) 6-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella R. Parker

(a) Residence: No. Nine Mill Lane, St., Ward. Spanish Point

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of E. H. Parker

DATE OF BIRTH (month, day, year) NOV. 10 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapsburg, Md

13. NAME of Father J. J. Reamer

14. BIRTHPLACE (city or town) (State or country) Lapsburg, Md

15. MAIDEN NAME of Mother Mill Krendle

16. BIRTHPLACE (city or town) (State or country) Lapsburg, Md

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date March 20, 1933

19. UNDERTAKER Guy J. Landis

(Address) 1400 Baltimore St. Broadway

20. FILED [illegible] 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1932 to March 18 1933

I last saw her alive on March 18, 1933 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	1/24/33
Other contributory causes of importance:	
Impacted teeth	(?)
Infection of liver abscess	(?)

Name of operation appendectomy Date of Nov. 28,

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96 — 159 — E 88696 — Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 703 S. Decker Ave St., 1-Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dolores T. Mikesa

(a) Residence: No. 703 S. Decker Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) March 8th 1933

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant old

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto. Md.
(State or country)

. NAME Thomas Mikesa.

. BIRTHPLACE (city or town) Balto. Md.
(State or country)

. MAIDEN NAME Frances Bittatucki

. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

NFORMANT Thomas Mikesa Father
(Address) 703 S. Decker Ave

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 20th 1933

Kelly & Butler Inc.

NDERTAKER
(Address) 1103 E. Monument St.

20 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933 to Nov 18, 1933

I last saw h[illegible] alive on Nov 15, 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Toomey M. D.

(Address) 700 S. Edwards St.

D. B. 1268-6

E 88697

88697 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 9-Ol Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hussman

(a) Residence: No. 3303 Elmora Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Hussman

DATE OF BIRTH (month, day, year) Aug 1 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener & Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estates

10. Date deceased last worked at this occupation (month and year) 1933. 11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Hussman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Eckhoff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Patient

(Address) 3303 Elmora Ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date March 22 1933

UNDERTAKER George L. Lehnert

(Address) 2501 Eutaw Pl. Ave.

FILED MAR 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.19.1933

22. I HEREBY CERTIFY, That I attended deceased from 3.13.1933 to 3.19.1933

I last saw him alive on 3.19.1933 Death is said to have occurred on the date stated above, at 3:54 A.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	4 yrs. ago,
Other contributory causes of importance:	
Hyperpyrexia of Unknown Origin	1 day.

Name of operation Resection of stomach gastro-jejunostomy Date of 3.17.33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Marcus A. Hecht M. D.

(Address) Union Mem. Hospital

5-31 250B

88698 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88698

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2909 E Frankford Ave. St., 27-01 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles C. Walker

a) Residence: No. 2909 E Frankford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Walker

7. DATE OF BIRTH (month, day, year) Dec. 19 1875

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agricultural

10. Date deceased last worked at this occupation (month and year) Feb. 18 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

13. NAME Frederick A. Walker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann O'Neile

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William T. Walker

(Address) 2909 E Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 21, 1933

19. UNDERTAKER Frederick Lansburgh & Sons

(Address) 7401 Belair Road

Filed ....., 19.... Registrar.

C 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933 to March 18, 1933

I last saw him alive on March 17, 1933 death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	2-20-33
Cerebral hemorrhage	3/18/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward H. Bevan M. D.

(Address) Overlea Md.

D. B. 1268-0

Lembach

88699 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88699

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 E Preston St., 8-01 Ward)

Length of residence in city or town where death occurred 59y mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Lembach

(a) Residence: No. 2034 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced HUSBAND of (or) WIFE of: Rosa Lembach

6. DATE OF BIRTH (month, day, year) Dec. 14 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	5.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Jacob Lembach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mr. George Lembach

(Address) 2034 E Preston St

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 22 1933

UNDERTAKER Henry Troeck Sons, Inc.

(Address) 130 E Eager St

FILED MAR 20 1933

10 Lexington Pl. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 18 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from September 29. 1932 to March 19, 1933

I last saw him alive on March 18, 1933. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 1, 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg M.D. M. D.

(Address) 1524 N. Patterson Park Ave

D. B. 1268-9.

88700 HEALTH DEPARTMENT—CITY OF BALTIMORE 23E 88700

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Overland Ave St. 27-01 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Collins

(a) Residence: No. 3010 Overland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
(or) WIFE of Harry L. Collins

DATE OF BIRTH (month, day, year) Aug 7 188[illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Pohl

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Alice Murry

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs. Helen M. Bolger

(Address) 3010 Overland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 22 1933

UNDERTAKER Henry Hoerle & Sons Inc.

(Address) 1304 E Eager St

FILED ..... 19 ..... Registrar.

MAR 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 18 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932 to Mar. 18, 1933

I last saw her alive on Mar. 18, 1933 Death is said to have occurred on the date stated above, at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	January
Laryngeal tuberculosis	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Mo. B. Sylvester M. D.

(Address) 2802 Harford Ave

B. 1268-9

E 88701 1932

HEALTH DEPARTMENT—CITY OF BALTIMORE

8701

CERTIFICATE OF DEATH

Registered No. 131 7872

PLACE OF DEATH Providence Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1514 Riverside St., Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Oscar Johnson

(a) Residence: No. 1013 Arlington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	col	married

... married), widowed, or divorced
(or) Wife of Henry Tina Johnson

ATE OF BIRTH (month, day, year) Dec 7th 1872

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	3	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) (State or country) Baltimore Maryland

. NAME John W Johnson

. BIRTHPLACE (city or town) (State or country) City

. MAIDEN NAME Anna M Bailey

. BIRTHPLACE (city or town) (State or country) City

NFORMANT Martha Johnson
(Address) 1013 Arlington ave

URIAL, CREMATION, OR REMOVAL Date Mar 22 1933

Place Mt Olivet

NDERTAKER Harden & Whitelock
(Address) 700 N Carrollton ave

ILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19th 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1933 to 3-19 1933

I last saw him alive on 3-19 1933. Death is said to have occurred on the date stated above, at 3.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal Disease	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify.

(Signed) B. Harper M. D.

(Address) Providence Hospital

D. B. 1268-9

E 88702

88702 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 4123 Roland Ave St. 13-01 Ward)

gth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Levi Lee Chambers

(a) Residence: No. 4123 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lillie May Chambers

DATE OF BIRTH (month, day, year) July 24-1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Levi Chambers

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

INFORMANT Henry Lee Chambers

(Address) 4123 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 21 19 33

UNDERTAKER Horace H. Burgee

(Address) 3631 Falls Road

FILED 19

Registrar

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 - 33

22. I HEREBY CERTIFY, That I attended deceased from March 16 19 33 to March 19 19 33

I last saw h alive on March 19 19 33 Death is said to have occurred on the date stated above, at 5 m. a/m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Based on Hypertrophied Condition of Left Ventricle of Heart

Date of onset

Contributory causes of importance:

Myocarditis, chronic

Name of operation None Date of

What test confirmed diagnosis? Personal Knowledge Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Levi L. Nelson M. D.

(Address) 2724 E. 39th St. Balto.

703 E 88703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 13-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mabel A. Miller

(a) Residence: No. 805 Druid Pk Dr St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 31, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	18	17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Fitting

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bolton, Md

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Louisa Wells

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 21 1933

18. UNDERTAKER Horace G. Burgess

(Address) 3631 Walla Road

FILED Huntington Md March 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 1933, to 3/18, 1933

I last saw her alive on 3/18, 1933 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	2
	wks

Other contributory causes of importance:

Tuberculous Spondylitis	2

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Goodman, M. D.

(Address) Mercy Hospital

B. 1268-9.

E 88704

88704 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Th.) 42-01 (St. and Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. .....)

gth of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

FULL NAME Sergy Horasko

(a) Residence: No. 231 S. Green st. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1896

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
77	36			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer gen'l
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
11. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Poland

13. NAME George Korasko

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

NFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Universal Ind Date Mar 20, 1933

UNDERTAKER [illegible]
(Address)

[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1932 to February 26, 1933
I last saw him alive on February 26, 1933. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1931
Tuberculous Laryngitis	Apr 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Glaeser M. D.

(Address) Baltimore City Hospitals

29 1933

B. 1268-9

8705 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88705

CERTIFICATE OF DEATH

159

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Fuhley

(a) Residence: No. 615 N. Decker Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 3/8/33

E	Years	Months	Days	If LESS than 1 day, hrs. min.
			2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country)

. NAME William Fuhley

. BIRTHPLACE (city or town) Maryland (State or country)

. MAIDEN NAME Laura Madsen

. BIRTHPLACE (city or town) Maryland (State or country)

FORMANT

(Address)

URIAL, CREMATION, OR REMOVAL

Place Jo Md College Date Mar 20 19 33

NDERTAKER

(Address)

ILED 0 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to March 10, 1933

I last saw h.e alive on March 10, 1933. Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3/8/33
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Kenneth Dalk M. D.

(Address) Johns Hopkins Hospital

8-16-29—L. F. S.—100 Bks.

E 88706

88706

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3728 Manchester ST., 27 WARD) 81

FULL NAME Baby Reynolds

) RESIDENCE NO. 3728 Manchester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

E OF BIRTH (month, day, and year) Mch 18/33

Years	Months	Days	If LESS than 1 day, / hrs. or min.

UPATION OF DECEASED

Trade, profession or ticular kind of work

General nature of industry, siness, or establishment in ich employed (or employer)

Name of employer

THPLACE (city or town) Baltimore
ate or country) Md.

NAME OF FATHER Laurence G. Reynolds

BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

MAIDEN NAME OF MOTHER Ella Stachanowski

BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant Mrs. L. G. Reynolds

(Address) 3728 Manchester Ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18/33

17

I HEREBY CERTIFY, That I attended deceased from Mch 18, 1933, to Mch 18, 1933, that I last saw h[illegible] alive on Mch 18, 1933 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia 5½ mo
Influenza

(duration) one hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Diseased of Lungs. Status Lymphaticus Thymicolymphaticus (duration) yrs. mos. ds. One hour

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. J. Smith, M. D.

3/18, 1933 Address 1605 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. J. McCullough

DATE OF BURIAL March 20 1933

20 UNDERTAKER [illegible]

ADDRESS

[illegible] Health

MAR 20 1933

D. B. 1268-9

E 88707

HEALTH DEPARTMENT—CITY OF BALTIMORE

8707.

CERTIFICATE OF DEATH

66-003

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Hmer Mem Hosp St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Leona Helen Stout

(a) Residence: No. 3602 Kennick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 21 1931

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Clarence Stout

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Mrs Clarence Stout

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Mother
(Address) 3602 Kennick Rd

BURIAL, CREMATION, OR REMOVAL
Fla Marie Hamsley Date March 21, 1933

UNDERTAKER Brunswick Dodd
(Address) 3615-17 Edmondson Ave

FILED 1933 Pope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1933, to 3-19 1933

I last saw h[illegible] alive on 3-16 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Lingered
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

D. B. 1268-0

88708 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88708

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E Madison St. 11-06 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Marshall

(a) Residence: No. 112 E Madison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of David Barton Marshall

6. DATE OF BIRTH (month, day, year) 1851?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81?	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md

13. NAME OF FATHER Dr. Roberts

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

15. MAIDEN NAME OF MOTHER Virginia Busby

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT Thomas H. Marshall

(Address) 614 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Mar 21 1933

19. UNDERTAKER Henry H. Kefauver & Son Co

(Address) 32 E Lexington St Baltimore

FILED ... 19... Registrar.

0 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17th 1933 to March 19th 1933

last saw h... alive on March 18th 1933. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	3-16-33

Other contributory causes of importance:

Ch. Senile myocardial degeneration	?

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify ✓

(Signed) E. H. Flannery M. D.

(Address) 1515 Park ave

.—9-30—A & Co.—200 Bks

88709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88709

CERTIFICATE OF DEATH.

59

1.-PLACE OF DEATH Bon Secours Hospital (90-03 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No ..... ST.

2.-FULL NAME John C. Stump

a) RESIDENCE NO 1813 W. Lexington ST., ... WARD City
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 74 yrs. mos 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	widower

f married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of the late Catherine C Stump

ATE OF BIRTH (month, day, and year) March 5th 1859

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74		9	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) State or country) Baltimore Md

0 NAME OF FATHER John Stump

1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

2 MAIDEN NAME OF MOTHER Johanna Easter

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Mary L. Whalen
(Address) 1813 W Lexington St

MAR 20 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/1933

17

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 19 33, to March 17, 19 33

that I last saw h ~~im~~ alive on March 17, 19 33

and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Post-Operative Shock
Diabetic Gangrene

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Senility - Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-16-33
No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 3/21/1933.

20 UNDERTAKER Chas J. Cowan & Son — ADDRESS 901 Hollins St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88710 V 108 E 88710

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. 28-01 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Karl Davis (Karl Edward Davis)

(a) Residence: No. 2000 Forest Park Ave. St., Forest Park Ave., Hillsdale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 11, 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Amos H. Davis

14. BIRTHPLACE (city or town) Carroll County
(State or country) Maryland

15. MAIDEN NAME Grace M. Burke

16. BIRTHPLACE (city or town) Hillsdale
(State or country) Maryland

INFORMANT Mr. Amos H. Davis
(Address) Forest Park Ave., Hillsdale

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date March 21, 19 33

UNDERTAKER Fred H. Cook
(Address) 1005 W. Baltimore St.

FILED
201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9th. 1933. to March 20th. 1933.
I last saw him alive on March 19th. 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-1-1933
Other contributory causes of importance: Emphysema Chronic nephritis	Months ago Years

Name of operation Thoracotomy Date of 3-11-1933

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Frederick Simmons M.D.

(Address) University Hospital

D. B. 1268-9

E 88711

88711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 9 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Doris Roeder (Reder)

(a) Residence: No. 1825 W. Lombard St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

DATE OF BIRTH (month, day, year) Sept 1 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	6	18	
		5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME William Roeder (Reder)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Bridget J. Kelley

16. BIRTHPLACE (city or town) (State or country) Md. Baltimore

INFORMANT William Roeder - 1825 W. Lombard St.
(Address)

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Mar 22 1933

UNDERTAKER Otto H. Cook
(Address) 1003 W. Baltimore St.

FILED ... 19... Mar 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1933 to Mar 19, 1933. I last saw her alive on Mar 19, 1933. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, staphylococcus	3-10-33.
Terminal bronchopneumonia	3-18-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Blood culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. D. Burhans M. D.

(Address) Union Memorial Hospital

D. B. 1263-9

88712 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88712

CERTIFICATE OF DEATH

V 95-002

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 W. Baltimore St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna E. Kammer

(a) Residence: No. 1928 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel D. Kammer

DATE OF BIRTH (month, day, year) Mar. 30, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME John List

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Bing

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Dora E. Kammer

(Address) 1928 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 22 1933

UNDERTAKER Mr. & Mrs. John W. Tenfelde Son

(Address) 801 W. Fayette St

FILED Mar 20 1933 Lington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1933, to March 9 1933.

I last saw h[illegible] alive on March 7 1933. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

Other contributory causes of importance:

Senile Debility	1 yr

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. D. Harper M. D.

(Address) 216 N. Caroline St.

B. 1268-9

88713 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88713

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1319 N. Eden St., 9-01 Ward)

th of residence in city or town where death occurred? 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert B. Scott

(a) Residence: No. 1319 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	cdl	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel B. Scott

TE OF BIRTH (month, day, year) Aug 4/1875

E	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	7	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 640

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Chemocal Co

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Farmville, Va.

. NAME Branch Scott

. BIRTHPLACE (city or town) (State or country) Va.

. MAIDEN NAME Elizabeth Bedford

. BIRTHPLACE (city or town) (State or country) Charlottesville, Va.

FORMANT Mabel B. Scott

(Address) 1319 N. Eden

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 3/21 . 193

NDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

LED 20 1933 . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardail Insufficiency ??	
Other contributory causes of importance:	
History of hypertension ?? & asthma (Probably cardiac)	mons

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. K. Green M. D.
Coroner

(Address) 506 E Dorsey

D. B. 1268-9

8714 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88714

CERTIFICATE OF DEATH

46

PLACE OF DEATH Md. General Hosp. St. 23-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.....

gth of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mr. Walter Turner

(a) Residence: No. 1607 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Walter Turner

DATE OF BIRTH (month, day, year) Sept 22, 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer all his life

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto & Ohio R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Orange Co. Va.

13. NAME Richard M. Turner

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Virginia Pendleton

16. BIRTHPLACE (city or town) (State or country) Orange Co. Va.

INFORMANT Hosp. Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date March 22 1933

UNDERTAKER C. H. Kemp Evans
(Address) 1 E. Lafayette Ave.

MAR 20 1933 Huntington Undertaking Co.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-14-33, 19..., to 3-20-33, 19...

I last saw him alive on 3-20-33, 19... Death is said to have occurred on the date stated above, at 10:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach -	
Myocarditis Failure	2-18-33
Other contributory causes of importance:	
Intestinal Obstruction	3-12-33

Name of operation Gastro enterostomy Date of 3-7-33

What test confirmed diagnosis Lab + Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If [illegible]

(Signed) L. J. Bauer M. D.

(Address) Md. Gen. Hospital

O. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8715 E 88715

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William H. Josenhans

(a) Residence: No. 1715 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Aug. 26, 1855

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Chas. G. Josenhans

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Dieterly

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Elizabeth H. Josenhans

(Address) 1715 W. Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 3/22/ 19 33

UNDERTAKER Harry A. Britzke

(Address) 1101 Edmondson Ave

FILED 19

Registrar.

MAR 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1933 to March 19, 1933

I last saw him alive on March 19, 1933 Death is said to have occurred on the date stated above, at 1:32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Chronic Arteriosclerosis	
Other contributory causes of importance:	
Myocarditis	
Phlebitis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hermon Kahn, M. D.

(Address) 1022 N. Broadway

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8716

E 88716

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3447 Hanover St. 25-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Wise

(a) Residence: No. 3447 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Maggie Wise

6. DATE OF BIRTH (month, day, year) Apr 5th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 030

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George C. Wise

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Albertine Walther

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John T. Wise

(Address) 735 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 Registrar.

R201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1932 to Mar. 19th, 1933.

I last saw him alive on Mar. 19th, 1933. Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11/3/32
Other contributory causes of importance:	
Pulmonary Congestion	

Name of operation No Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X, 19X

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) Wm. J. Mayer, M. D.

(Address) 1340 Eutaw St

D. B. 1268-9

E 88717

8717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Radnor Ave. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie D. Gibson

(a) Residence: No. 505 Radnor Ave. Govans Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Cecil W. Gibson

DATE OF BIRTH (month, day, year) Sept 13th 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Culvers Harford Co. Md.

13. NAME George Dwerd

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Mary S. Arnold

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

INFORMANT Weymouth Gibson

(Address) 505 Radnor Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 22nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Phillips Registrar.

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Mar 20 1933

I last saw h[illegible] alive on Mar 20 1933 Death is said to have occurred on the date stated above, at 5:35 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1930
Chr. Interstitial Nephritis	1930
Anuria	1932
Arteriosclerosis	1930
Other contributory causes of importance:	
Toxemia	1933

Name of operation ✓ Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. W. Bishop M. D.

(Address) 501 Glenndale Ave

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88718

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 E. 33rd St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Esther Sinclair

(a) Residence: No. 814 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Austin Myers Sinclair

6. DATE OF BIRTH (month, day, year) Mar 7th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Iowa

13. NAME John F. Gotshall

14. BIRTHPLACE (city or town) (State or country) Louisburg Pa

15. MAIDEN NAME Laura A. Gordon

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Luella Olson

(Address) 814 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Waterloo Ill. Date Mar 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. [illegible] 19 [illegible] Registrar.

APR 20 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from September 1932 to Mar 18 1933.

I last saw her alive on Mar 18 1933 Death is said to have occurred on the date stated above, at 8 a'm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/8/33
Other contributory causes of importance:	
Hypostatic Pneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clifton Edson, M. D.

(Address) 15-25 Lunsden Ave. Balto

H. B. 1268-0

88719 HEALTH DEPARTMENT—CITY OF BALTIMORE 88719

CERTIFICATE OF DEATH

Registered No. 122-002

1. PLACE OF DEATH Union Memorial Hospital St. Paul (Ward) 10

CITY OF BALTIMORE: (No. 33 - Calvert ... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William T. Bidder Jr.

(a) Residence: No. 301 Edgevale Rd. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elinor Bidder

6. DATE OF BIRTH (month, day, year) May 1 1888

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	44	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. Elec. Co.

10. Date deceased last worked at this occupation (month and year) March 2 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Surry Co. Virginia

13. NAME William T. Bidder

14. BIRTHPLACE (city or town) (State or country) Surry, Virginia

15. MAIDEN NAME Flora C. Bourcher

16. BIRTHPLACE (city or town) (State or country) Surry, Virginia

INFORMANT Mrs. William T. Bidder

(Address) 301 Edgevale Road

BURIAL, CREMATION, OR REMOVAL

Place Lauderdale Date 3/16 19 33

UNDERTAKER Howard Leigh Co.

(Address) Lauderdale Miss.

FILED MAR 20 1933 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to March 19, 1933.

I last saw him alive on March 19, 1933. Death is said to have occurred on the date stated above, at 7 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Partial intestinal obstruction — Date of onset 3-7-33

Other contributory causes of importance: Uremia — 3-14-33

Name of operation Colostomy Date of 3-11-33

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John M. Spence Jr. M. D.

(Address) Union Memorial Hosp.

D. B. 1268-6

88720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 88720

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 5-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Nathan Theodore

(a) Residence: No. 1630 Ruxton ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Jewish	married

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Cecilia Theodor

DATE OF BIRTH (month, day, year) — 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Co.

10. Date deceased last worked at this occupation (month and year) Mar. 1933

11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Europe

13. NAME Elias Theodor

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT S Tolent

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date 3/21 1933

UNDERTAKER Sol Levinson & Bro

(Address) 1126 W. North Ave

FILED 333 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13 1933 to Mar 20 1933

I last saw h.m alive on Mar. 20 1933 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Carcinoma of rectum	? - 1932
Cardiac collapse	2 days
Other contributory causes of importance: Senil, post operative.	

Name of operation Resection of rectum Date of Mar 14

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homiride? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Richard C Cumming M. D.

(Address) The Church Home and Infirmary

B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88721

8721

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2814 Hilldale ave St. 15-41 Ward)

th of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jennie Ford

(a) Residence: No. 2814 Hilldale ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Harris

TE OF BIRTH (month, day, year) 1864

E Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Poland

. NAME William Davis

. BIRTHPLACE (city or town) (State or country) Poland

. MAIDEN NAME Dora Unknown

. BIRTHPLACE (city or town) (State or country) Poland.

FORMANT Harris Ford

(Address) 2814 Hilldale ave

URIAL, CREMATION, OR REMOVAL

Place Herbert Rondale Date March 21 1933

NDERTAKER L Jenkins Bro

(Address) 1127 E Baltimore St

ARED Huntington Ave Cemetery Co

Registrar.

R 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/13/33, 19..., to 3/19/33, 19...

I last saw her alive on 3/14/33, 19... Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Coronary Thrombosis	3/13/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer Miller, M. D.

(Address) 2410 Eutaw place

B. 1268-9

722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88722

CERTIFICATE OF DEATH

Registered No. 12-002

PLACE OF DEATH

OF BALTIMORE: (No. City Hospital St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alexander Johnson

(a) Residence: No. 12 N York St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year)

E: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Shucker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Cambridge Md
(State or country)

NAME

BIRTHPLACE (city or town) Cambridge
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

FORMANT Grace Johnson
(Address) 12 N York St

RIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date 3/21 19 33

NDERTAKER Walter B. Smith & Co.
(Address) 1330 W Lanvale St.

ILED ... Hunter's Lane Philadelphia, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema - Sarcoma	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) B. Reingold M. D.
Coroner

(Address) 1300 N Patterson Pk Ave

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8723

CERTIFICATE OF DEATH

V178 E 88723

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 902 N. Patterson Pk. Ave Ward)

h of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Eccleston

(a) Residence: No. 902 N. Patterson Pk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced) USBAND of (or) WIFE of Martha J. Eccleston

TE OF BIRTH (month, day, year) Oct. 31/1872

E Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) England

NAME Adam Eccleston

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Emma

BIRTHPLACE (city or town) (State or country) England

FORMANT Martha J. Eccleston

(Address) 902 N. Patt. Pk Ave

RIAL, CREMATION, OR REMOVAL

e National Cem Date Mar. 21, 1933

NDERTAKER Philip Herwig

(Address) 206 Orleans St.

21 1933 Huntington Indiana

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on about 19 . Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Illuminating Gas Poisoning?	
Other contributory causes of importance:	
Myocardial Insufficiency	?? yrs
Chr. Nephritis	8 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental? Injury , 19

Where did injury occur? in home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Wall bracket gas jet on.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Green, M. D.

(Address) 5086 York Ave Coroner

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88724

CERTIFICATE OF DEATH

92-001

88724

Registered No.

PLACE OF DEATH St. Joseph's Hosp 6-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 4th St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Mary Fuchs

(a) Residence: No. 202 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. J. Fuchs

ATE OF BIRTH (month, day, year) May 16/1893

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Chas. Wakefield

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Louise Stein

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Geo. J. Fuchs
(Address) 202 N. Streeper St.

BURIAL, CREMATION, OR REMOVAL Date Mar 23 1933

Place Holy Redeemer

UNDERTAKER Philip Herwig
(Address) 2016 Eastern Ave

Registrar

FILED MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1933, to Mar. 20, 1933

I last saw h.e.r. alive on Mar. 20, 1933 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Valvular Heart Disease	1907
Cerebral Embolus	3/14/33
Other contributory causes of importance: Chronic Cholecystitis with obstructive jaundice	3/8/33
Pyonephrosis	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wagenseller M. D.

(Address) St. Joseph's Hospital

8-16-29—L. F. S.—100 Blks.

88725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88725

CERTIFICATE OF DEATH

46 ✓

—PLACE OF DEATH

REGISTERED NO. 2913.

Y OF BALTIMORE: (No. 1809-McCulloh St. ST., 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Walter Theodore Harris.

) RESIDENCE NO. Above. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

h of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	Colored	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie Harris

E OF BIRTH (month, day, and year) Mar. 25, 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
- - -	11	7	

UPATION OF DECEASED

Trade, profession or ticular kind of work Janitor 070

General nature of industry, iness, or establishment in ch employed (or employer)

Name of employer Mrs. Marian Bond.

THPLACE (city or town) Baltimore
te or country) Maryland.

NAME OF FATHER Angus Harris ?

BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

Informant Susie Harris (wife)

(Address) 1809-11 McCulloh St.

21 1933 Huntington Hillsmeier

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March. 18, 1933.

17

I HEREBY CERTIFY, That I attended deceased from Mar., 1932, to Mar., 1933,

that I last saw him alive on March. 18, 1933.

and that death occurred, on the date stated above, at 7:55 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma.

(duration) yrs. 5 mos. 18 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? NO. Date of -

Was there an autopsy? NO.

What test confirmed diagnosis? Physical Signs.

(Signed) McKinley Beesley, M. D.

, 19 (Address) 702-H. Cumberland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3/22 1933
20 UNDERTAKER	ADDRESS 578
Samuel T Hemsley	W Biddle

12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

726

E 88726

CERTIFICATE OF DEATH.

V 93-604

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

of BALTIMORE: (No. 2907 W. White Ave St. 27-01 Ward)

2-FULL NAME Catherine Schmick

(a) RESIDENCE NO. 2907 W. White Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female White	Widowed

If married, widowed or divorced (HUSBAND of (or) WIFE of) Conrad Schmick

DATE OF BIRTH (month, day, and year) Aug 2, 1857 1876

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
56	7	19	

OCCUPATION OF DECESSED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Germany

(State or country)

NAME OF FATHER John Fuchs

BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Mrs Matilda Kuipers

(Address) 395 S. Schleigh

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Obese- history of hypertension (duration) yrs. mos. ds.

(Signed) J. J. Walls M. D.

(Coroner)

3/21/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Insututions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 3/23/ 1933

20 UNDERTAKER Chas J. Lemmon & Son ADDRESS 32 S. Broadway

MAR 21 1933

Huntington Williams, M.D.

B. 1268-9

88727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88727

CERTIFICATE OF DEATH

11-001

PLACE OF DEATH Pronounced dead at

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Mercy Hospital St., 4-01 (Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Howard MacNeal

(a) Residence: No. 318 Guilford ave? St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
al	white	Single

...married, widowed, or divorced
...USBAND of
...r) WIFE of

...E OF BIRTH (month, day, year) Dec 2 1881

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watch

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Guilford Trans

Date deceased last worked at this occupation (month and year) Dec 32 | 11. Total time (years) spent in this occupation 62

...HPLACE (city or town) State or country) Salt Lake City

NAME Phillip MacNeal

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Mary V. Wilkens

BIRTHPLACE (city or town) (State or country) Salt Lake City

...FORMANT Thomas B. Whitney

Address) 1615 Edison Highway

...RIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/22 1933

...DERTAKER Jno Cook & Son

Address) 1210 E Fayette

Huntington Maryland

MAR 21 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on January 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Influenza ?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James M Fenton M. D. Coroner

3/21/33 (Address) Dove Chase

D. B. 1268-0

728 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88728

CERTIFICATE OF DEATH

93-005

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Josephs Hosp. St. 27-A Ward)

Length of residence in city or town where death occurred Unknown ds. How long in U. S. If of foreign birth? Unknown.

FULL NAME George Ehrman

(a) Residence: No. 5401 Rennell Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 22 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John W. Ehrman
(Address) 5401 Rennell Ave.

BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cemetery Date March 24 1933

UNDERTAKER Frederick Sheahan Sons
(Address) 7401 Belair Road

FILED MAR 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933 to March 21, 1933

I last saw him alive on March 21, 1933 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Pericardial Effusion	
Pleural Effusion	

Name of operation Date of

What test confirmed diagnosis? Autopsy was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennedy M. D.

(Address) St Josephs Hosp

D. B. 1268-9
729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88729

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Viola Evans

(a) Residence: No. 377 N. Schroeder St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal-	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Evans

DATE OF BIRTH (month, day, year) 11-25-1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME ? ?

14. BIRTHPLACE (city or town) (State or country) ,

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Record City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Lowe Date Mar. 22 1933

UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

FILED MAR 21 1933 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21 1933 to 3-18 1933

I last saw h[illegible] alive on 3-18 1933. Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	2-18-33
Other contributory causes of importance: Bronchopneumonia	3-13-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-18-33 (Signed) Am. Hughes, Jr. M. D.
(Address) Balto City Hospitals

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88730 ✓13 E 88730

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 88730

1. PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 1512 W Lexington ST. 19-01 WARD)

2. FULL NAME Ernest Lake

(b) RESIDENCE NO. 1512 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

6 If married, widowed, or divorced (a) HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 5/4/13

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None GOD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto

11 NAME OF FATHER Luther Lake

12 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

13 MAIDEN NAME OF MOTHER Mary Bruce

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Dorsey Lake (Address) 1512 W Lexington St.

Filed 3 21 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-1933

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1933, to 3/19, 1933, that I last saw him alive on 3/19, 1933, and that death occurred, on the date stated above, at 9:35 a m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal disease Bronchopneumonia Hypostasis

(duration) yrs. 5 mos ds. GOD

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D.

3/19 1933 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

UNDERTAKER Mrs Katie R. Williams

DATE OF BURIAL Mar 22, 1933

ADDRESS 322 N Schroeder St

D. H. 1268-9

3731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88731

93-223

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Caroline Street St., 4-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Livingston

(a) Residence: No. 1800 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Livingston

6. DATE OF BIRTH (month, day, year): June 25, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
87	8	21	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME Issac Gardner

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME Mary Merritt

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: Elizabeth Courtney

(Address) 2705 Hamilton Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Mar. 22, 1933

UNDERTAKER: Geo. J. Post Inc.

(Address) 1735 Hanover [illegible]

FILED MAR 21 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1933 to Mar. 18, 1933

I last saw h[illegible] alive on Mar. 18, 1933 Death is said to have occurred on the date stated above, at 8.30 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial [illegible]	Unknown

Other contributory causes of importance:

Name of operation: none Date of: none

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury none 19[illegible]

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify, none

(Signed) Edward H. Feaster, M. D.

(Address) 3522 - Greenmount Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 38732

38732

XV78

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-a-l Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME Lester Mary Alma Fischer (Julia Ann Fischer)

(a) Residence: No. Mercy Helpers Towson Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 29-1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Obs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Roumania

13. NAME Adelia Fischer

14. BIRTHPLACE (city or town) (State or country) Roumania

15. MAIDEN NAME Margaret Schumann

16. BIRTHPLACE (city or town) (State or country) Roumania

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Towson Helpers Date 3/22/33 19

UNDERTAKER George J. Roche Sons
(Address) 1235 Huntington Ave Baltimore

FILED 19

4R21 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/9, 1933, to 3/20, 1933

I last saw her alive on 3/20, 1933 Death is said to have occurred on the date stated above, at 3 08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Encephalitis	12 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Gordon M. D.

(Address) Mercy Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86733

8733

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1254 Flat St. 1-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carmela Citrano

(a) Residence: No. 1254 Flat St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Vincent Citrano

DATE OF BIRTH (month, day, year) July 4th 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Samuel Liberto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Salvatore DePaula

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mr Santo Miceli

(Address) 1547 Flat St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/22/ 1933

UNDERTAKER John J Conway & Son

(Address) 911 Fallsway

FILED MAR 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/ 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to March 19 1933

I last saw her alive on March 19 1933. Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	Uncertain about 2 yrs
Arterio-sclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Seagnetti M. D.

(Address) 1729 W Lombard St

B. 1268-9

88734 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88734

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 217-S-Paca St. 77 01 Ward)

...h of residence in city or town where death occurred 72 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth 72 yrs. 10 mos. 7 ds.

FULL NAME Louisa Marie Joerdens

(a) Residence: No. 217-S-Paca St., ... Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

...married, widowed, or divorced WIFE of George C. Joerdens

...E OF BIRTH (month, day, year) May 13 1860

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	10	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

...RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Philip Pfetzing

BIRTHPLACE (city or town) (State or country) ? ? ? Germany

MAIDEN NAME Caroline Koehler

BIRTHPLACE (city or town) (State or country) ? ? ? Germany

...FORMANT Rev. C. Joerdens (Customer)

...Address) 217 S. Paca St City.

...RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 24 1933

...NDERTAKER Stewart & Company

(Address) 108 W Fayette Ave.

...221 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Mar 20 1933

...I last saw h... alive on 6 P.M. 1933 Death is said to have occurred on the date stated above, at 11:20 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	Jan 1/32
Other contributory causes of importance: Chr. Bronchitis	Jan 1/29

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. M. Deberdt M. D.

(Address) 621 Washington Blvd.

B. 1268-9

88735 HEALTH DEPARTMENT—CITY OF BALTIMORE 88735

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals V 59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. Md St. 5-0 Ward)

gth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dewitt J. Carter

(a) Residence: No. 109 N. Arlington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 5-13-06

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10	7	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Madison, N.C.
(State or country)

3. NAME John Carter

4. BIRTHPLACE (city or town) Madison, N.C.
(State or country)

5. MAIDEN NAME Nora Carter

6. BIRTHPLACE (city or town) Madison, N.C.
(State or country)

NFORMANT Records Balto City Hospitals
(Address)

URIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 22 19 33

UNDERTAKER John Grabbianckas
(Address) 1123 N. Paca St.

21 1933 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-33

22. I HEREBY CERTIFY, That I attended deceased from 3-14 19 33 to 3-20 19 33

I last saw h alive on 3-20 19 33 Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Diabetes mellitus 1923

Other contributory causes of importance: Bronchopneumonia 3-18-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-20-33 (Signed) Elmer H. Gilbert M. D.

(Address) Balto. City Hospitals

H. B. 1268-9

88736 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88736

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals, Balto Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Jackson

(a) Residence: No. 427 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md.

15. MAIDEN NAME Kate Brown

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md

INFORMANT Records Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Asbury Date 4-23 19

UNDERTAKER
(Address)

FILED 4-21 1933 Huntington Wilkinson Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1933 to 3-19 1933

I last saw him alive on 3-19 1933 Death is said to have occurred on the date stated above, at 6:45-a m.

The principal cause of death and related causes of importance were as follows:

Nephritis Chronic — Date of onset ?

Other contributory causes of importance: Uremia Chronic — Date of onset ?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

3-19-33 (Signed) Elmer H. Poleyte M. D.

(Address) Balto City Hospitals

D. B. 1268-9

38737 E 38737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. 829 Wilmot St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

. FULL NAME Pauline L. Muskill

(a) Residence: No. 829 Wilmot St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Muskill

DATE OF BIRTH (month, day, year) Aug. 3, 1906

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
26	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 37

10. Date deceased last worked at this occupation (month and year) 2/1433

11. Total time (years) spent in this occupation 6

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis Huff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Eurhardt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Michael Muskill

(Address) 829 Wilmot St.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Mar. 22, 1933

UNDERTAKER Elmer W. Conklin

(Address) 524 E. Eager St.

FILED MAR 21 1933 Registrar.

Huntington Publishing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19th. 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1933, to 3/18, 1933

I last saw h~~e~~r alive on 3/18, 1933 Death is said to have occurred on the date stated above, at 4¹⁰ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho Pneumonia	3/15

Other contributory causes of importance:

Name of operation ~ Date of ~

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Hornstein M. D.

(Address) 733 Eutaw St

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88738 E 88738

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH 429 W Hamburg St REGISTERED NO.

OF BALTIMORE: (No. 429 W Hamburg St WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME James Saunders

RESIDENCE NO. 429 W Hamburg St WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Married

arried, widowed, or divorced USBAND of or) WIFE of: married

OF BIRTH (month, day, and year): 3/17/69

Years	Months	Days	If LESS than 1 day, hrs. or min.
4 yrs	—	3	

PATION OF DECEASED

Trade, profession or icular kind of work: Laborer 040

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

THPLACE (city or town) te or country): md

NAME OF FATHER Thomas Saunders

BIRTHPLACE OF FATHER (city or town) State or country): md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (city or town) (State or country): md

nformant Aunt Spicer

Address) 429 W Hamburg St

MAR 21 1933 19 Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/20/33

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to March 20, 1933, that I last saw h alive on March 20, 1933 and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H G Mappleburg, M. D.

19 (Address) 201 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester Md

DATE OF BURIAL: 3/22/1933

20 UNDERTAKER: Paul L Brown

ADDRESS: 104 W Monument

12-9-25—A Co.—200 Bks.

88739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88739

108

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

of BALTIMORE: (No. Baltimore City Hospital St 3-01 Ward)

2-FULL NAME Peter . Rutkowski

(a) RESIDENCE NO. 331 S. Carolina Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Widower

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 1880

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
53			

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Labor 040

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) Poland

tate or country)

NAME OF FATHER Felex . Rutkowski

BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

MAIDEN NAME OF MOTHER Louisa . Pietrowska

BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant Mrs. Antonina Damski (Sister)
(Address) 607 S. Grundy Street

21 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

3/20, 1933 (Address) 13057 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial March 22 1933

UNDERTAKER John M. Weber ADDRESS 401 S. Chester St

B. 1268-9

8740 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88740

CERTIFICATE OF DEATH

121

PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 1500 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Mary Barton

(a) Residence: No. 1352 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	colored	married

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Oct. 1901

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	5		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Md

. NAME Frank D Tilson

. BIRTHPLACE (city or town) (State or country) Maryland

. MAIDEN NAME Anna Goodeley

. BIRTHPLACE (city or town) (State or country) Maryland

FORMANT Frederick Harrison

(Address) 1352 N Carey St

URIAL, CREMATION, OR REMOVAL Cremated

Pla[illegible] Cemetery March 22 19 33

NDERTAKER Clarence E. Clark

(Address) 4005 Carey St.

ILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to March 21 1933

I last saw h[illegible] alive on March 21 1933 Death is said to have occurred on the date stated above, at 1:35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/6

Other contributory causes of importance:

Cor pulmonale

Name of operation Laparotomy + Drainage Date of 3/18/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

c.—1-10-21—M&T—1500 Blks.

88741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88741

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 3224 Belair Rd ST., 8-01 WARD)

2-FULL NAME Annie Barbara Moennus

(a) RESIDENCE NO. 3224 Belair Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 57 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Michael H. Moennus

ATE OF BIRTH (month, day, and year) Mar. 26, 1875

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	26	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

IRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Henry Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Ethel Aldenrath

(Address) 3227 Belair Rd

Filed 1933, Huntington Wilkinson, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1933.

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to March 21, 1933,

that I last saw her alive on March 21, 1933,

and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) 7 yrs. mos da.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Hillenger, M. D.

, 19 (Address) 3034 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Woodlawn Cem.

DATE OF BURIAL 3-24 1933

20 UNDERTAKER Leonard J Rudy

ADDRESS 5301 Harford

O. B, 1268-6

3742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88742

CERTIFICATE OF DEATH

59

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Jennie Wolff

(a) Residence: No. 3201 Merryde St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wolff

ATE OF BIRTH (month, day, year) Jan 6-1863

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	2	13	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation....

BIRTHPLACE (city or town) Baltimore Md
(State or country)

3. NAME Zacharias Imhoff

4. BIRTHPLACE (city or town) Baden
(State or country) Germany

5. MAIDEN NAME Constantia Dt

6. BIRTHPLACE (city or town) Germany
(State or country)

NFORMANT Margaret Reynolds
(Address) 3201 Mary Ave

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 3-22-1933

UNDERTAKER Leonard J Peck
(Address) 5203 Harford Rd

FILED 1933 Huntington Ave Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1933 to Mar. 19, 1933

I last saw her alive on Mar 19, 1933 Death is said to have occurred on the date stated above, at 11A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and hypertension	1931

Other contributory causes of importance:

Myocarditis + cardiac hypertrophy	1931
Diabetes Mellitus	1932
Uremia	1933

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) David H. Andrew M. D.

(Address) University Hospital

B. 1268-9

43

E 88743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No. 27-01

CITY OF BALTIMORE: (No. 6601 Hamptonett Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary M. Ostendarp

(a) Residence: No. 6601 Hamptonett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	W

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George F.

DATE OF BIRTH (month, day, year) 3-25-1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Perryman Md.

10. NAME August Loy

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME unknown

13. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT George F. Ostendarp

(Address) 6609 Hamptonett Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/23 1933

UNDERTAKER Leonard J. Keyser

(Address) 805 Reedbird Ave

FILED MAR 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 1933 to March 20 1933

I last saw h alive on March 20 1933 Death is said to have occurred on the date stated above, at 7:32 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/9/33

Other contributory causes of importance None Other

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Long M. D.

(Address) 711 Eastern Ave

B. 1268-9

744

HEALTH DEPARTMENT—CITY OF BALTIMORE E 88744

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3616 Greenmount Ave. St., 12-01 Ward)

h of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Reese Albert Strasburg

(a) Residence: No. 3616 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
K le	White	Widowed

married, widowed, or divorced
USBAND of
or) WIFE of Rosa Elizabeth Strasburg

TE OF BIRTH (month, day, year) January 8, 1876

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.

Date deceased last worked at this occupation (month and year) January 15, 1933

11. Total time (years) spent in this occupation 8 years

RTHPLACE (city or town) Staunton
(State or country) Va.

NAME David E. Strasburg

BIRTHPLACE (city or town) Staunton
(State or country) Virginia

MAIDEN NAME Emma Kite

BIRTHPLACE (city or town) Elkton
(State or country) Virginia

FORMANT Mrs. Eugene Bullinger

(Address) 14 E. Maple Ave., Overlea

URIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery March 22, 1933

NDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

1933 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 19..., to Mch 19, 1933

I last saw h... im alive on Mch 19, 1933. Death is said to have occurred on the date stated above, at 2.30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1
Aortic Stenosis + Endocarditis	7

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alan T B Truman M. D.

(Address) 719 N. Patterson Park Ave.

8745 E 88745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 11-01 Ward)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME William Hinton

(a) Residence: No. 321 W. Hoffman st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) July 11, 1910

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	8	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

RTHPLACE (city or town) (State or country) North Carolina

NAME Noah Hinton

BIRTHPLACE (city or town) (State or country) North Carolina

MAIDEN NAME Susie Savage

BIRTHPLACE (city or town) (State or country) North Carolina

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place University of Md Date Mar 21 19 33

NDERTAKER [illegible]
(Address)

LED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 33 to March 19 33

I last saw him alive on March 19 1933. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1932
Pulmonary Hemorrhage	Mar 19 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Kenneth A. Stacey M. D.

(Address) Baltimore City Hospitals.

D. B. 1268-9

88746

HEALTH DEPARTMENT—CITY OF BALTIMORE 88746

CERTIFICATE OF DEATH

45

Registered No.

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John Garnett

(a) Residence: No. 1131 Dain St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Mozie Garnett

DATE OF BIRTH (month, day, year) 2/7/1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia Penn

13. NAME Nathaniel Garnett

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Mar 21, 1933

UNDERTAKER [illegible]

(Address)

FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1931 to 3-19, 1933

I last saw h[illegible] alive on 3-19, 1933 Death is said to have occurred on the date stated above, at 7 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Tonsil	1931
Arteriosclerosis	?
Other contributory causes of importance:	
Bronchopneumonia	3/17/33

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

B. 1268-9

747 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88747

CERTIFICATE OF DEATH

108

PLACE OF DEATH Balto. City Hospitals

Registered No. .....

TY OF BALTIMORE: (No. Balto. Md 5-01 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward Barksdale

(a) Residence: No. 1133 May St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Annabel

ATE OF BIRTH (month, day, year) 8-15-1896

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	36	7	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Rice, Va.

9. NAME Edgar Barksdale

10. BIRTHPLACE (city or town) (State or country) Halifax, Va.

11. MAIDEN NAME Susie Nomsck

12. BIRTHPLACE (city or town) (State or country) Halifax, Va

INFORMANT Records, Balto. City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Mar 21, 1933

UNDERTAKER Commissioner Health

(Address)

FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933 to 3-18, 1933

I last saw h... alive on 3-18, 1933 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3-5-33
Other contributory causes of importance: Pneumococcic meningitis	3-9-33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

3-19-33 (Signed) Elmer Hirshberg M. D.

(Address) Balto. City Hospitals

1. 1268-9

88748 HEALTH DEPARTMENT—CITY OF BALTIMORE 88748

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. City Hospital St., 15-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frank E Hoover

a) Residence: No. 1644 Thames St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

TE OF BIRTH (month, day, year) Sept 3 1882

Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
50	6	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Balto Md
State or country)

NAME Edgar Hoover

BIRTHPLACE (city or town) Balto Md
(State or country)

MAIDEN NAME Annie Fitt

BIRTHPLACE (city or town) New Orleans
(State or country)

FORMANT Mrs E. S Yarman
(Address) 4-14 Ravenscroft Ter

RIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date March 23. 1933

NDERTAKER Wm C Black
(Address) 22 N Broadway

LED 1933 Huntington Pallisades, N.Y.
19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Acute Meningitis

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B F Kerr M.D. Coroner

(Address) 1905 N. Pulaski Park

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 88749

8749

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) Md Gen Hosp St. 15-01 (Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Lisek

(a) Residence: No. 1625 Thames St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

married, widowed or divorced)
HUSBAND of
(or) WIFE of Margaret

E OF BIRTH (month, day, year) May - 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME Nathalia Lisek

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Zuckowska

BIRTHPLACE (city or town) (State or country) Poland

INFORMANT John Lisek

(Address) 1625 Thames

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 3/4/33

UNDERTAKER Stephen J. Fialkowski & Son

(Address) 1000 S. Ann

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lenk M. D.
Coroner

(Address) Coroner

. B. 1268-9

E 88750

8750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Fayette & Calhoun St., 11-01 Ward)

gth of residence in city or town where death occurred 65 y mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence Hurley

(a) Residence: No. 200 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~, widowed, ~~or divorced~~
HUSBAND of ~~(or) WIFE of~~ Carrie E. Hurley

ATE OF BIRTH (month, day, year) Aug 23rd 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 045

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Dorchester Co
(State or country) Md.

13. NAME Handy Hurley

14. BIRTHPLACE (city or town) Dorchester Co
(State or country) Md.

15. MAIDEN NAME Sarah E. Hurley

16. BIRTHPLACE (city or town) Dorchester Co
(State or country) Md.

INFORMANT Doris V. Holland

(Address) 2000 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 24th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-23- 1933 to 3-21 1933

I last saw h~~im~~ alive on 3-21 1933 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with auricular fibrillation and cardiac decompensation ?

Date of onset

Other contributory causes of importance:

None.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Marie B. Schneider M. D.

(Address) Franklin Square Hospital

D. B. 1268-9

88751 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ **E 88751**

CERTIFICATE OF DEATH

94-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Brice St. 16-01 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Kreutzer

(a) Residence: No. 815 N. Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME George Kreutzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sabina Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Katherine Meesse

(Address) 1248 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 22nd 1933

UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED ....., 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 33 to March 19 33

I last saw him alive on March 19 33 Death is said to have occurred on the date stated above, at 4.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo Keene M. D.

(Address) Keyser Bldg

B. 1268-3

88752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88752

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2827 W North Ave St., 15-61 Ward)

h of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Rose Morrissey

(a) Residence: No. 2827 W North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

~~married~~, widowed, ~~or divorced~~
or) WIFE of John Morrissey

TE OF BIRTH (month, day, year) May 2. 1866

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	2.	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

RTHPLACE (city or town) (State or country) Ireland

NAME Unknown

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Mary T. Morrissey

Address) 2827 W. North Ave

RIAL, CREMATION, OR REMOVAL

Place St Peters Date Mar 23rd 1933

NDERTAKER Wm Cook

(Address) 1217 St. Paul St.

LED 1933 Instructor [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1933 to Mar 21 1933

I last saw her alive on Mar 20 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/17/33
Cerebral Hemorrhage	3/17/33
Other contributory causes of importance:	
Chronic Nephritis	1931

Name of operation None Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas T Chartier M. D.

(Address) 3013 St Paul St

B 88753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

PLACE OF DEATH Md. General Hospital — S. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME P. August Frauer

(a) Residence: No. 182 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ——

DATE OF BIRTH (month, day, year) Sept 27 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	5	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Balto, Md

10. NAME William Frauer

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Katherine Frauer

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT Hospital Records

(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/24 1933

16. UNDERTAKER Wm A Cook

(Address) 1217 E Fort Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1933 to 3/21 1933

I last saw him alive on 3/21 1933 Death is said to have occurred on the date stated above, at 9 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene of foot	4 months
Other contributory causes of importance: Chronic Nephritis.	14 years
Mild Diabetes Mellitus	

Name of operation Amputation thru Thigh of 3/14/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L D Fouse M. D.

(Address) Md General Hospital

D. B. 1268-9

E 88754

HEALTH DEPARTMENT—CITY OF BALTIMORE

3754

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3719 Woodbine Ave 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie R. Long

(a) Residence: No. 3719 Woodbine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 6-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.
13. NAME OF FATHER William A. Long
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME OF MOTHER Ann R. Crew
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Miss Hettie V. Long
(Address) 3719 Woodbine Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 22 1933
19. UNDERTAKER Forget F. Burgee
(Address) 3631 Falls Road

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1932 to March 20 1933

I last saw h[illegible] alive on March 17 1933 Death is said to have occurred on the date stated above, at 1.37 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage	1 yr
Cancer	
Chronic Bronchitis	4 months
Cancer	

Other contributory causes of importance:

Malignant carcinoma of Left	3 months

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9

3755 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 88755

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3731 Falls Road St. 13-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Leona Hook

(a) Residence: No. 3731 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX: Female	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F. Hook

7. DATE OF BIRTH (month, day, year) Oct. 5- 1880

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rhaney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles F. Hook

(Address) 3731 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland, Mem Park Date March 24 1933

19. UNDERTAKER Horace G. Burgee

(Address) 3631 Falls Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to Mar 21, 1933

I last saw her alive on Mar 20 1933 Death is said to have occurred on the date stated above, at 9.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. F. Cruchen M. D.

(Address) 3701 Reland Ave

D. B. 1268-0

8756 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 8756

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633-E. North Ave. St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sabina S. Stran

(a) Residence: No. 1633-E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Stran

6. DATE OF BIRTH (month, day, year) 1--1--1857

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
76	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Owen Prince

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Mrs Winifred Jenkins

(Address) 1633-E. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Govans Pres. Cem. Date 3/22/33 19

UNDERTAKER Geo. J. Ruth Son

(Address) 73 [illegible]

FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch-19-1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 5- 1933 to Mch 19- 1933

I last saw her alive on Mch 19 1933 Death is said to have occurred on the date stated above, at 1-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Mch 2-33
Other contributory causes of importance Edema Lungs	Mch 18-33

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Gil Hall M. D.

(Address) 1631 E North Av

M. & T.—100 B—50L

8757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88757.

108

CERTIFICATE OF DEATH

REGISTERED NO. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 807 S.Green St. (ST.) 22-a (WARD)

2-FULL NAME Thomas Burgess.(C)

(a) RESIDENCE NO 807 S.Green St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 37 yrs. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

ATE OF BIRTH (month, day, and year) March 1, 1879

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	18	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

RTHPLACE (city or town) (State or country): Washington, D.C.

0 NAME OF FATHER: Do not know.

1 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

2 MAIDEN NAME OF MOTHER: Do not know.

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

nformant: Bessie Boston Armstrong. (C)

(Address): 520 S.Green St.

Filed [illegible] No. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Edw M Steinhardt, M. D. Coroner

3/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

UNDERTAKER: Grant Forlani

DATE OF BURIAL 3-22 1933

ADDRESS 916 Ea ave.

. B. 1268-9

8758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88758

V 108

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Joseph's Hosp. (Ward) 10

TY OF BALTIMORE: (No. 1) St., ... Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary Romagnano

(a) Residence: No. 1165 Decker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 22, 1932

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	9	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Baltimore
(State or country) Md

3. NAME Joseph Romagnano.

4. BIRTHPLACE (city or town) Italy
(State or country)

5. MAIDEN NAME Mary Fabrizio

6. BIRTHPLACE (city or town) Penna.
(State or country)

INFORMANT Mary Romagnano
(Address) 1165 Decker St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 22, 1933

UNDERTAKER Martin H. & Dorsel Inc
(Address) 3[illegible] Conn Ave

FILED ..... 19..... [illegible] Registrar

22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933 to March 21, 1933

I last saw her alive on March 21, 1933 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	3/14/33
Other contributory causes of importance:	
Acute Otitis Media	3/13/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Albert Kammerer M. D.

(Address) St Joseph Hosp

D. B. 1268-6

88759 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88759

CERTIFICATE OF DEATH

V53

PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 924 S Highland Ave St., 16-01 Ward)

gth of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sam Lachner

(a) Residence: No. 924 S. Highland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth —

ATE OF BIRTH (month, day, year) 9-25-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Martin —

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Record Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date Mch. 22, 1933

UNDERTAKER George W. Zubler
(Address) 1737 E. Eager st.

FILED Mar 22 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-33

22. I HEREBY CERTIFY, That I attended deceased from 3-17-33 to 3-19-33

I last saw him alive on 3-19-33 Death is said to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	2-16-33
Other contributory causes of importance: None	over

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

3-19-33 (Signed) Elmer Hughes Co. M. D.

(Address) Balto City Hospitals

D. B. 1268-9

Naidetsch

HEALTH DEPARTMENT—CITY OF BALTIMORE

88760 88760

CERTIFICATE OF DEATH

91

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. 3228 Burleith Ave St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

FULL NAME Minnie Naidetsch

(a) Residence: No. 3704 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Morris Naidetsch

ATE OF BIRTH (month, day, year) 1875

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Max Miller

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT M. A. Behring Mrs. Son-in-law

(Address) 3228 Burleith Ave

BURIAL, CREMATION, OR REMOVAL

Pl Hebrew Friendship Cem ate 3-22-33 19

UNDERTAKER Jack Louis Lee

(Address) 1439 E. Baltimore St

MAR 22 1933 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Jan 19th 1933

I last saw h alive on Jan 19th 1933. Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio Sclerosis	Jan 1929
Other contributory causes of importance: Acute Cardiac Dilatation	4 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Michael A Abrams 2d. M. D.

(Address) 2360 Eutaw Place

D. B. 1268-9

E 88761

HEALTH DEPARTMENT—CITY OF BALTIMORE

88761

CERTIFICATE OF DEATH

XV 121

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. W-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Cora E. Frank

(a) Residence: No. Woodlawn, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Married.

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James A. Frank.

ATE OF BIRTH (month, day, year) Nov. 2-1873.

GE Years	Months	Days	If LESS than 1 day hrs. or min.
59	4	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll County Md.

13. NAME Wm. C. Barber.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Nancy Holbrook.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT James A. Frank.

(Address) Woodlawn - Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olive Cemetery-Baltimore Md Date March 22- 1933

UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St. Balto

FILED MAR 22 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-11-33, 19..., to 3-19-33, 19...

I last saw h.r alive on 3-19-33, 19... Death is said to have occurred on the date stated above, at 4 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	3-11-33
Other contributory causes of importance: Intestinal Obstruction	3-14-33

Name of operation Appendectomy Date of 3-11-33
Enterostomy 3-14-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Hull M. D.

(Address) University Hospital

O. B. 1268-9

38762 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 38762

CERTIFICATE OF DEATH

93-004

PLACE OF DEATH Balt City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. Md 18-21 St., 16 Ward)

gth of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Irene Gross

(a) Residence: No. 947 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of Matthew —

ATE OF BIRTH (month, day, year) 10-17-1881

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	6	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

. Date deceased last worked at this occupation (month and year) — H. Total time (years) spent in this occupation out

IRTHPLACE (city or town) (State or country) Harford Co. Md.

. NAME William Coat

. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

. MAIDEN NAME Mary Chambers

. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

NFORMANT Irene Gross (Address) Balto City Hospitals

URIAL, CREMATION, OR REMOVAL Place Mt. Lillian Cem. Date 3/22 19 33

NDERTAKER Walter B. Fenby (Address) 1317 Harlem Ave

M.D. Huntington Pallisades, Md. Registrar.

1833

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-33

22. I HEREBY CERTIFY, That I attended deceased from 3-13-33 to 3-18-33

I last saw h[illegible] alive on 3-18-33 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease rheumatic	12-1-32
Other contributory causes of importance: Myocarditis Chronic Nephritis	12-1-32

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-20-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

B. 1268-9

763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88763

CERTIFICATE OF DEATH

V 107-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2064 W Hamburg St. 23 Ward)

h of residence in city or town where death occurred — yrs. 7 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ethel Gray —

(a) Residence: No. 2064 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) July 21. 1932

R	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Depends —

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland —

NAME George Gray —

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland —

MAIDEN NAME Edith Barnes

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland —

FORMANT Edith Gray —
(Address) 2064 W Hamburg

RIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 3/22, 1933

NDERTAKER Walter R. Zahn
(Address) 139 W Lanvale St

LED 22 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1933 to 3/19, 1933

I last saw h. alive on 3/19, 1933 Death is said to have occurred on the date stated above, at 11:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Pneumonia	3/10
Primary —	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dan Drummond M. D.

(Address) 1121 W Lee

D. B. 1268

E 88764

E 88764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alice Lee Nelson

(a) Residence: No. ... St., — Ward. Jessups Md.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Nelson

ATE OF BIRTH (month, day, year) Nov. 23 1887

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William F. Stevens

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Price

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas B. Nelson

(Address) Jessups Md

18. BURIAL, CREMATION, OR REMOVAL

Place Abingdon M.E. Md Date Mar. 25 1933

19. UNDERTAKER Howard S. McCann

(Address) Abingdon Md

19. FILED MAR 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 22, 1933

I last saw h[illegible] alive on March 22, 1933. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	3/21/33
Broncho-pneumonia	3/21/33

Other contributory causes of importance:

Name of operation Suprapubic vesical hysterectomy Date of 3/16/33

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) D. M. L. Currie M. D.

(Address) University Hospital

B. 1268-9

E 88765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88765

PLACE OF DEATH Provident Hospital V 131 Registered No. ..

Y OF BALTIMORE: (No. 1514 Hanover St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Alonzo Burrell.

(a) Residence: No. Myrtle & Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) 1891

E Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Virginia

. NAME Columbus Burrell.

. BIRTHPLACE (city or town) (State or country) Va

. MAIDEN NAME Eliza Gaskins

. BIRTHPLACE (city or town) (State or country) Va

FORMANT Agusta Tolliver

(Address) 1107 W Baltimore St

URIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Mar. 22, 1933

NDERTAKER Thomas E. Kelson

(Address) 1303 Pressman st.

ILED MAR 22 1933 Clinton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1933, to 3-19, 1933.

I last saw him alive on 3-19, 1933. Death is said to have occurred on the date stated above, at 3.01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	
Other contributory causes of importance: Uremia	3-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B Harris M. D.

(Address) Provident Hospital

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8766

CERTIFICATE OF DEATH

E 88766

46

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 728 Reservoir St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 59 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

5 9 11 21

FULL NAME Charles Frederick Feast

(a) Residence: No. 728 Reservoir St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed or divorced
USHAND of (or) WIFE of Margaret S. Feast

TE OF BIRTH (month, day, year) May 30 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	21/30	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flowers

Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 40 yrs

RTHPLACE (city or town) (State or country) Balto Maryland

NAME Jr. Edw Feast

BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME Mary E. Neely

BIRTHPLACE (city or town) (State or country) Balto Md.

FORMANT Mrs. C. F. Feast (wife)

(Address) 728 Reservoir St

URIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/23/33

NDERTAKER Stewart Mortuary

(Address) 1st Wilkens

Huntington Williams

3 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21 33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec — 1921 to March 21 1933

I last saw him alive on March 20 1933 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gall Bladder	6/2 1932

Other contributory causes of importance:

Name of operation Exploration Date July 2, 32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Lawrence M.D.

(Address) 377 Park Ave - Balto Md

D. B. 1268-0

8767 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88767

CERTIFICATE OF DEATH

131

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1723 N. Broadway St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 80 yrs. 8 mos. 16 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

. FULL NAME Thomas Beal Lewis

(a) Residence: No. 1723 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ashcom

ATE OF BIRTH (month, day, year) July 4, 1852

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	80	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Thomas Lewis

14. BIRTHPLACE (city or town) -------
(State or country) Virginia

15. MAIDEN NAME Mary E. Beal

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mrs. Mary A. Lewis

(Address) 1723 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/23 1933

UNDERTAKER Henry U. Mears and Son

(Address) 805 N. Eutaw Street

FILED MAR 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1931 to March 20 1933

I last saw him alive on March 20, 1933. Death is said to have occurred on the date stated above, at 9:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct 1/31
Chronic Nephritis	Jan 30/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Late Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S W Bowers M. D.

(Address) 1812 E Broadway

33768

E 88768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 8-06 Ward)

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Gregor

(a) Residence: No. 2228 Hendeman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna —

DATE OF BIRTH (month, day, year) Apr. 12, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rusker .60

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Peter Austria

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Bertha Bath, City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 23 1933

UNDERTAKER Frank Brachbor
(Address) 1900 Eastland Ave

Huntington Williams
Registrar.

MAR 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1933 to 3-20 1933

I last saw him alive on 3-20 1933 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1931
Lung	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

3-21-33 (Signed) Elmer Hipsley M. D.

(Address) Balto. City Hospitals

B. 1268-9

88769 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88769

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. 26-21 Ward)

th of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

FULL NAME John Walters

(a) Residence: No. 45 N. Kresson st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Mary Walters

TE OF BIRTH (month, day, year) Feb. 8, 1887

E Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	1	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

RTHPLACE (city or town)
(State or country) Austria

NAME Charles Walters

BIRTHPLACE (city or town)
(State or country) Germany

MAIDEN NAME Mary Kalus

BIRTHPLACE (city or town)
(State or country) Austria

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar 24, 1933

NDERTAKER Frank Brachton
(Address) 1906 Eastwood Ave

R 22 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to March 21, 1933

I last saw him alive on March 21, 1933 Death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931
Tuberculous laryngitis	Nov. 1932

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stoner M. D.

(Address) Baltimore City Hospitals

O. B. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8770

CERTIFICATE OF DEATH

Brooklyn 4 E 88770

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. 3714 West Bay Ave 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Rainey

(a) Residence: No. 3714 West Bay Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J Rainey

DATE OF BIRTH (month, day, year) Oct 19 1860

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Denmark

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

INFORMANT Mrs Ruth A Upton

(Address) 3714 West Bay ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 22 1933

UNDERTAKER John F Denny

(Address) 715 Light St

FILED Mar 22 1933 Harrington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 1932 to Mar 19 1933

I last saw her alive on Mar 19 1933 Death is said to have occurred on the date stated above, at 3:15 p m.

The principal cause of death and related causes of importance were as follows: Cardiac Asthenia — Date of onset 2/24/33

Other contributory causes of importance: Uterine Carcinoma. — 7/6/32

Name of operation Date of

What test confirmed diagnosis Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homiride? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Kaufman M. D.

(Address) 6 Eutaw St

B. 1268-0

Dennis V Washington

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 88771

88771

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. Hopkins Hospital St. 12-01 Ward)

of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ULL NAME Dennis Thompson Washington

a) Residence: No. 216 E. 23rd St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	black	married

married, widowed, or divorced (USBAND of (r) WIFE of Unknown

TE OF BIRTH (month, day, year) Mar 17/1908

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	0 11	0 29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Bishopville, S.C.

NAME Unknown

BIRTHPLACE (city or town) (State or country) S.C.

MAIDEN NAME Rosa -------

BIRTHPLACE (city or town) (State or country) S.C.

FORMANT Rev Leighton

Address) 216 E. 23rd St

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 22, 33

NDERTAKER Rayner Sanders

Address) 413 E. Lexington St Baltimore, Md.

22 1933, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above. 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Neoarsphenamin Reaction	
Other contributory causes of importance: Primary Syphillis	8?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H K Kaer, M. D.

Coroner

(Address) 508 E. Lanvale

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. C 6872

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. (H. Fairfield Manor Hosp.) WARD 108

2 FULL NAME Mrs. Jane Schuchardt

(Residence in Baltimore: No. (N. Fairfield Manor Hosp.) 10 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: January 20, 1863 (Month) (Day) (Year)

7 AGE: 70 yrs. 9 mos. 1 ds. If LESS than 1 day, hrs., or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work: Hostess (b) General nature of industry, business, or establishment in which employed (or employer): Balto. Country Club

9 BIRTHPLACE (State or country): Carroll County Maryland

10 NAME OF FATHER: Augustus Shriver

11 BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

12 MAIDEN NAME OF MOTHER: Caroline Haines

13 BIRTHPLACE OF MOTHER (State or country): Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margery Wolfe

(Address) Fairfield Manor Apts

Nov 22 1933 Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 21st (Month) (Day), 1933 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to, Nov 21 1933, that I saw h[illegible] alive on Nov 21 1933, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) [illegible] mos. 4 ds.

Contributory (SECONDARY): Toxic infection (undiagnosed)

(Duration) yrs. mos. 1 ds.

(Signed) Henry V. Culp M. D.

Nov 21, 33 [Address] 1 W Lafayette St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: 11-23-33

20 UNDERTAKER: Henry W. Jenkins Son & McCullough

ADDRESS Orchard

E 88773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-01 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Meyer Gusmitz

(a) Residence: No. 372 Summit Ave St., Ward. Jersey City N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jersey City
(State or country) N. J.

13. NAME OF FATHER Max Gusmitz

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME OF MOTHER Jennie Sender

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jersey City N.J. Date March 22 1933

19. UNDERTAKER Fol Funeral Home Balto
(Address) 1427 Huntington Ave Baltimore, Md

MAR 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 1933 to March 22 1933

I last saw him alive on March 22 1933 Death is said to have occurred on the date stated above, at 5 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1931

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 3 21 33

What test confirmed diagnosis? Specimen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul G. Rumbel M. D.

(Address) The Johns Hopkins Hosp.

D. B. 1268-9

774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88774

CERTIFICATE OF DEATH

270900 × 94-002

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 7-01 St., Ward)

gth of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Daniel b shipman

(a) Residence: No. 3 Stiltz ~~mt~~ Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Esther.

ATE OF BIRTH (month, day, year) 65

GE Years	Months	Days	If LESS than 1 day hrs. or min.
51			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 56

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lumber yard

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

3. NAME Wm b shipman

4. BIRTHPLACE (city or town) (State or country) md

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country)

NFORMANT Records.
(Address)

URIAL, CREMATION, OR REMOVAL Parkland Balto Date Mar 23, 33

NDERTAKER W. C. Brotte & Son
(Address) Sparks Md

ILED MAR 22 1933 Hunting [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-21-1933

22. I HEREBY CERTIFY, That I attended deceased from March-15, 1933 to March-21, 1933

I last saw him alive on March-21, 1933 Death is said to have occurred on the date stated above, at 12 57 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3/5/33
Coronary thrombosis	1929

Other contributory causes of importance:

Pulmonary infarction

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball, M. D.

(Address) Johns Hopkins Hospital

S-H 2-08

E 88775

8775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. South Baltimore Gen. Hosp. Ward) 24 Col

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Sharon M Johnson

a) Residence: No. 1607 Pinehurst St., ... Ward. Fulton Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 2-28-33

E	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore

NAME Howard Johnson

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT Howard Johnson

(Address) 1607 Pinehurst St

CRIAL, CREMATION, OR REMOVAL - Cremation

Place South Baltimore Gen. Hosp. Date ... 19...

NDERTAKER

(Address)

2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933 to 3-13, 1933

I last saw h[illegible] alive on 3-13, 1933 death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchial Pneumonia Prematurity	3-8-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Fuller, M. D.

(Address) Fulton

B. 1268-9

8776 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-00

E 88776

Registered No.

PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St. 7-0 Ward)

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

h of residence in city or town where death occurred ... yrs. ... mos. ... ds.

FULL NAME Baby Enos

(a) Residence: No. Timonium Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

married, widowed, or divorced
USBAND of
or) WIFE of —

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. min.
			7 min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

NAME of Irving Enos

BIRTHPLACE (city or town) Maryland
(State or country)

MAIDEN NAME Florence Adelaide McCleary

BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT .....
(Address)

RIAL, CREMATION, OR REMOVAL

Place J. H. Mc Colley Date Mar 2 . 19 33

NDERTAKER .....
(Address)

LED 4232 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 . 1933 to Feb 27 . 1933

I last saw h-ing alive on Feb 27 . 1933 Death is said to have occurred on the date stated above, at 6:0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth Injury Intracranial Hemorrhage	2/27/33

Other contributory causes of importance:

Name of operation Cesarean Section Date of 2/27/33

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hugh P. Jones M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B 88777

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Jackson

(a) Residence: No. 1201 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee

6. DATE OF BIRTH (month, day, year): unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME of father: unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME of mother: "

16. BIRTHPLACE (city or town) (State or country): "

INFORMANT: Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Home College Date: Mar 22 1933

UNDERTAKER
(Address)

FILED ..... 19 ..... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5. 1933 to March 12. 1933

I last saw him alive on March 12. 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left upper & lower lobes, right upper lobe, pericarditis	3/3/33
Septicemia - Pneumococcus, Type II A	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Carmichael Colquhoun M. D.

(Address) Johns Hopkins Hospital

B. 1268-9

778

E 88778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St. 18-76 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Leonard

(a) Residence: No. 726 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	divorced

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
bout 60			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Providence, R.I.

NAME Unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place ..... Date Mar 22 1933

NDERTAKER
(Address)

ED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Coronary Sclerosis ??	

Other contributory causes of importance:

Rupture of Urethra- Extravasation of urine- Prostatic Hypertrophy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....

(Signed) John L. Cullen ..... M. D.

(Address) 508 E. Fayette Coroner

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3779 — E 38779

CERTIFICATE OF DEATH

106-002

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 807 E. Chase Street 10-a Ward)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Annie E. Monahan

(a) Residence: No. 807 E. Chase St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank V. Monahan

TE OF BIRTH (month, day, year) 1870

E Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

IRTHPLACE (city or town) (State or country) Baltimore

. NAME Martin Buckley

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Elizabeth Kelly

. BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Miss Mary Monahan
(Address) 807 E. Chase St.

RIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/23/33, 19

NDERTAKER Rita Wiedefeld
(Address) 91 Greenmount Ave

LED ....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1933 to Mar. 21, 1933

I last saw her alive on Mar. 20, 1933 Death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	several years
Other **contributory causes** of importance:	
Myocardial failure	several

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Edward Novak, M. D.

(Address) Medical Arts Bldg.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88780

CERTIFICATE OF DEATH

57

E 88780

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 614 Bartlett Ave St., 9-01 Ward)

n of residence in city or town where death occurred? 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harry Jones

(a) Residence: No. 614 Bartlett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	married

married, widowed, or divorced
USBAND of
r) WIFE of Sallie Burgess

TE OF BIRTH (month, day, year) May 13/1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
72 73	10	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slate Roofer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

ITHPLACE (city or town) State or country) Wales, B.I.

NAME Harry Jones

BIRTHPLACE (city or town) (State or country) Wales, B.I.

MAIDEN NAME Ann Williams,

BIRTHPLACE (city or town) (State or country) Wales, B.I.

FORMANT Mrs. Sallie Jones
(Address) 614 Bartlett Ave

RIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 23 1933

DERTAKER Mary M Medefield
(Address) 521 Carey St

3 22 1933 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Probably Valvular	?

Other contributory causes of importance:

History of Rheumatism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Cullen, M. D.
Coroner

(Address) 508 E Fort Ave

3781 E 88781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH St Joseph's Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., (Ward.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Moser

(a) Residence: No. 430 E St Helena Pl St., Ward. Maternity

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/22/33.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				9 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Joseph's Hosp

13. NAME OF FATHER William Moser.

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME OF MOTHER Mary Helen McVey.

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. NAME AND ADDRESS OF INFORMANT St Joseph Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mar 23, 1933

19. UNDERTAKER J. B. Connelly (Address) Essex Md

20. FILED 1933 Huntington Hall (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/33., 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw her alive on 3-22-33. 11 a 9m 19 Death is said to have occurred on the date stated above, at 11 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	
28 weeks.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Anthony Flarozza M. D.

(Address) St Joseph Hosp.

B. 1268-9

8782

HEALTH DEPARTMENT—CITY OF BALTIMORE D 88782

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1026 Greenmount Ave St. 10-01 Ward)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Annie Heiligenstadt

(a) Residence: No. 1026 Greenmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Sept 11 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation.

RTHPLACE (city or town) Balto Md
(State or country)

NAME Wm

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Anna - -

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Ed. W. Mauch
(Address) 1026 Greenmount Ave

RIAL, CREMATION, OR REMOVAL

Place Bolton Cem Date 3/25/33, 19....

DERTAKER Philip Harris
(Address) 1700 Eutaw Pl

ED 22 1933 Huntington Ave. Remains

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on January 7, 10 33. Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured 8 & 9 & 10 ribs from fall down stairs - later lung trouble accident	3/10/33
Other contributory causes of importance: Myocarditis & Bronchio-Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury 3 10, 1933

Where did injury occur? Patient home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1026 Greenmount Ave

Manner of injury fall down stairs

Nature of injury Fracture 8/9/10 Ribs

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James M Fenton, M. D.
Coroner

(Address) 1002 Chase

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B 88783

83

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1308 N. Chester St., 8-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alice C. Druery

(a) Residence: No. 2045 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver K. Druery

ATE OF BIRTH (month, day, year) Oct 26 1869

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	4	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Wicks

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Marie - -

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Oliver K. Druery

(Address) 2045 E. Hoffman St.

BURIAL, CREMATION, OR REMOVAL.

Place Bald. Cem. Date May 23 1933

UNDERTAKER Philip Sterr Jr.

(Address) 2016 Eastern Ave.

FILED ..., 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31 1933 to March 20 1933

I last saw her alive on March 20 1933. Death is said to have occurred on the date stated above, at 12 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Chronic myocarditis	1931
Acute Dilatation of Heart	3/20/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert G. Bruyard M. D.

(Address) 613 E. Fayette St.

E 88784

8784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Ray Eckard

(a) Residence: No. 4613 Park Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher (Principal)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools 65

10. Date deceased last worked at this occupation (month and year) March 17 33

11. Total time (years) spent in this occupation 65

BIRTHPLACE (city or town) (State or country) Md

13. NAME John T. Eckard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna B. Hanna

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records

(Address) Mercy Hospital

BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Lemontown, Md Date Mar 24 1933

UNDERTAKER C. O. Johnston

(Address) Parkton, Md

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933 to March 22, 1933

I last saw him alive on March 22, 1933 Death is said to have occurred on the date stated above, at 12.20 Am.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3/17/33

Other contributory causes of importance:

Secondary Anemia — ?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard L. Zupnik, M. D.

(Address) Mercy Hospital

B. 1268-9

8785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 88785

CERTIFICATE OF DEATH

161-004

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Johnson

(a) Residence: No. 3101 Ellerslie Ave. St., Ward. Govans Park Md.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Infant

married, widowed, or divorced HUSBAND of (or) WIFE of Infant

TE OF BIRTH (month, day, year) 3-17-33

E Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Provident Hospital

RTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Pearl Rueb

BIRTHPLACE (city or town) (State or country) Md

FORMANT

(Address)

RIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date MAR 22 1933

NDERTAKER

(Address)

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1933 to 3-21, 1933

I last saw her alive on 3-21, 1933 Death is said to have occurred on the date stated above, at 2:35 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the Newly Born	

Other **contributory causes** of importance:

Name of operation Cesarean Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Butler M. D.

(Address) Provident Hospital

B. 1268-9

E 88786

3786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 445 N. Gay St 5-01 Ward)

th of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Simon Eichenberg

(a) Residence: No. 445 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

married, widowed, or divorced
USBAND of (or) WIFE of Ray Eichenberg

TE OF BIRTH (month, day, year) May 19, 1863

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Mens' Furn-

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ishings Store

Date deceased last worked at this occupation (month and year) | tt. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Jacob Eichenberg

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Regina Kaufman

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. R. Vogel (Sister in law)
(Address) 445 N. Gay St.

BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem Date Mch. 24, 19 33

UNDERTAKER Hart Goodman & Son
(Address) 1903 Eutaw Place.

FILED 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20 1933 to March 22 1933

I last saw him alive on March 23 1933 Death is said to have occurred on the date stated above, at 4:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 days
Other contributory causes of importance:	
Pulmonary infarct	7 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ✓

No If so, specify ...

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden Apts.

D. B. 1268-9

8787 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E88787

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 4036 Boarman Ave 15-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Theresa C. Trautmann

(a) Residence: No. 4036 Boarman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Sept. 22, 1863

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Gustav Trautmann

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Friedericka Trautmann

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Amelia Trautmann

(Address) 4036 Boarman Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 23 1933

UNDERTAKER Jno. Mus John M. Tempel & Son

(Address) 604 W. Fayette St

FILED 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to March 20 1933

I last saw her alive on March 20 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Jones M. D.

(Address) 920 West North Ave

D. B. 1268-9

E 88788

88788 HEALTH DEPARTMENT—CITY OF BALTIMORE [redacted]

CERTIFICATE OF DEATH

181

Registered No.

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 26-21 Ward)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

FULL NAME Frederick Treinis

(a) Residence: No. 705 S. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 31, 1876

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	20	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 056

9. Date deceased last worked at this occupation (month and year) 3-12-33

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Christian Treinis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Paske

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL

Place Bachman Date Mar 24. 1933

UNDERTAKER John F Dennis

(Address) 715 Light St

FILED 1933 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 . 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13 . 1933 to March 20 . 1933

I last saw him alive on March 20 . 1933. Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns, multiple, over body, face and head, 2nd & 3rd degree	3-11-33

Other contributory causes of importance:

Coroner Inquest 3/23/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 3-11 . 1933

Where did injury occur? Aboard S.S. "Losmar"
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Nature of injury Burns and scalds

Manner of injury Boiler burst

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify Fireman aboard "Losmar"

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital

D. B. 1268-0

E 88789

87890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 35-01

TY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ernest E. Forsythe

(a) Residence: No. 3811 - 5th St. Brooklyn Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Forsythe

6. DATE OF BIRTH (month, day, year) May 10 1881 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Clark D. Forsythe ~~Unknown~~

14. BIRTHPLACE (city or town) (State or country) Canada ~~Unknown~~

15. MAIDEN NAME Helen M Rounds ~~Unknown~~

16. BIRTHPLACE (city or town) (State or country) Canada ~~Unknown~~

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 24 1933

18. UNDERTAKER John F Denny

(Address) 7152 GUILFORD AVE.

19. FILED ..... 19..... Registrar.

21933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18 1933 to March 21, 1933

I last saw him alive on March 21, 1933 Death is said to have occurred on the date stated above, at 330 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 15, 33
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lum Punc Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) (M.D.) Ralph J. Hellis M. D.

(Address) Johns Hopkins Hospital Balto. Md

2-29-28—L. F. S.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88790

93-003

E 88790

CERTIFICATE OF DEATH

REGISTERED NO.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1016 Union Ave ST. 13-01 WARD)

FULL NAME Mary C. Stricke

RESIDENCE NO. 1016 Union Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widow

Married, widowed, or divorced HUSBAND of (or) WIFE of William F. Stricke

DATE OF BIRTH (month, day, and year) Feb 2, 1851

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	20	

OCCUPATION OF DECEASED

Trade, profession or particular kind of work Retired

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

BIRTHPLACE (city or town) State or country) md

NAME OF FATHER Robert Redman

BIRTHPLACE OF FATHER (city or town) md
(State or country)

MAIDEN NAME OF MOTHER Williamina Gabe

BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

Informant Arthur Stricke

Address 1016 Union Ave.

Filed Mar 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22/33

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to March 22, 1933, that I last saw h[illegible] alive on March 22, 1933, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Senility

Thrombosis - Myocardites

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senility Hemorrhagic colitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ernest J Kelly, M. D.

Mar 25, 1933 (Address) 608 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL March 25 1933

20 UNDERTAKER Chenoweth & Son — ADDRESS 3615 Chestnut

D. B. 1268-9

8791 S HEALTH DEPARTMENT—CITY OF BALTIMORE E33791

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7-9 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ephraim Shearer

(a) Residence: No. New Freedom Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

ATE OF BIRTH (month, day, year) 2/15/59

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

11. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME Ephraim Shearer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Susanna Hoffman

16. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL
New Freedom, Pa Date March 25 1933

NDERTAKER Paul Hartenstein
(Address) New Freedom, Pa

ED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to Mar 22, 1933

I last saw h[illegible] alive on March 22, 1933. Death is said to have occurred on the date stated above, at 4[illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Carcinoma of stomach	
Bronchopneumonia	3-18-33

Other contributory causes of importance:

Name of operations Gastro-enterostomy, Resection of stomach, Gastro-enterostomy Date of 3-9-33

What test confirmed diagnosis? Path. exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Eliz Hunsberger M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-0

792

E 86782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH Maryland General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 22-31 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Frank Gemmell

(a) Residence: No. 4009 Hayward ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lida Williams Gemmell

6. DATE OF BIRTH (month, day, year) May 8, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager for the Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Harvester Co

10. Date deceased last worked at this occupation (month and year) 1927 | 11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME David Gemmell

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Elizabeth Hamilton

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Hamilton Gemmell
(Address) 4009 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL Armstrong, Pa. Date 3/23, 1933

19. UNDERTAKER H. M. Cook
(Address) 217 E. Cold St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1933, to 3-21, 1933

I last saw him alive on 3-21, 1933. Death is said to have occurred on the date stated above, at 3 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of Back of Neck	3-3-33

Other contributory causes of importance:

Acute Nephritis	3-10-33
Myocardial failure	3-21-33
Uremia	3-18-33

Name of operation Excision of Carbuncle Date of 3-16-33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

D. B. 1268-9

88793 HEALTH DEPARTMENT--CITY OF BALTIMORE E 88793

CERTIFICATE OF DEATH

270 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Rachel

(a) Residence: No. 1106 E Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Va Ga

13. NAME Handy Rachel

14. BIRTHPLACE (city or town) (State or country): NY

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country): N.Y

INFORMANT: Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemety Date 3/22/33 19

UNDERTAKER: Robert M. Williams
(Address) 1515 W. Lafayette St

FILED 3/22/33 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1933 to March 17 1933

I last saw h.. alive on March 17 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - vascular - renal disease, uremia	Dec 1931 ? ?
Arteriolar sclerosis; myocardial failure	
Hypertension; chronic vascular	
nephritis; vascular retentio	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carmichael Filghman M. D.

(Address) Johns Hopkins Hospital

S-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 38794

3794

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1338 N Carey St. 15-01 (Ward)

h of residence in city or town where death occurred Syl yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Roy V. Smith

a) Residence: No. 1338 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	married

married, widowed, or divorced
HUSBAND of
or) WIFE of mrs Annie Smith

ATE OF BIRTH (month, day, year) Feb 19 1878

E Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	2	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040
. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto md

. NAME Charles Smith

. BIRTHPLACE (city or town) (State or country) md

. MAIDEN NAME Sarah Hackett

. BIRTHPLACE (city or town) (State or country) md

NFORMANT Sarah Smith
(Address) 1338 n. Carey St

URIAL, CREMATION, OR REMOVAL
Place Gregory Balto Co md Date Mar 21 1933

NDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933 to March 21, 1933
I last saw h alive on March 20 1933 death is said to have occurred on the date stated above, at 1 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 18 1933

Other contributory causes of importance:

Bronchitis	Feb 20 1933

Name of operation Date of
What test confirmed diagnosis? ??? Was there an autopsy? ???

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ?? If so, specify

(Signed) , M. D.
(Address)

D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE 38795

38795

CERTIFICATE OF DEATH

89-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Ralph Herman

(a) Residence: No. 256 Keyworth Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Herman

DATE OF BIRTH (month, day, year) Dec 30 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	44	8	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager of Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Solomon Herman

14. BIRTHPLACE (city or town) (State or country) Manchester England

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) London England

INFORMANT H. J. Herman

(Address) 2900 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem Date 3-23-33 19

UNDERTAKER Jack Levin Inc.

(Address) 1439 E Balto St.

FILED 31933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-33 19

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1933 to 3-21 1933

I last saw h alive on 3-21 1933 Death is said to have occurred on the date stated above, at 8:15 P m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
(a) Renal Abscess	
Post-Operative Shock	
Mastoiditis	
Other contributory causes of importanre:	
Myocardial Failure	

Name of operation Drainage of Renal Abscess Date of 3-21-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violrnre) fill in also the following:

Accident, suiride, or homicide? Date of Injury 19

Where did Injury occur? (Specify rity or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Cohen M. D.

(Address) Sinai Hospital

D. B. 1268-9

88796 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88796

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2476 Shirley ave St.) 15-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Joseph Goldberg

(a) Residence: No. 2476 Shirley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Lena Goldberg

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Bear Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Howard Goldberg-Son

(Address) 2476 Shirley ave

BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 3/23/33 19

UNDERTAKER Levi Bell

(Address) 1439-41 E. Baltimore St

FILED 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-33

I HEREBY CERTIFY, That I attended deceased from 9-15-32 to 3-22-33

I last saw him alive on 3-20-33 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	9-15-32

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day
Complete	about 1 wk

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N/O Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Goldberg M. D.

(Address) 2476 Shirley Ave

D. B. 1268-9

3797 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88797

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 Aisquith St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Creeger

(a) Residence: No. 1039 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Emma

6. DATE OF BIRTH (month, day, year) April 25 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 75	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owns

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME David Creeger

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Krieger

(Address) 116 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 3/23, 1933

19. UNDERTAKER Hof Funeral Home & Bro
& Balto St

MAR 23 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1933 to 3-23-1933

I last saw him alive on 3-23-1933 Death is said to have occurred on the date stated above, at 6.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	3-21-33

Other contributory causes of importance:

Strangulated hernia	3-19-33
Focal ileus	3-19-33

Name of operation Ileostomy Date of 3-22-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Segum, M. D.

(Address) Sinai Hospital

1-30—M. & T.—250 Blks.

E 88798

798 HEALTH DEPARTMENT—CITY OF BALTIMORE V 23

CERTIFICATE OF DEATH.

PLACE OF DEATH

OF BALTIMORE: (No. 502 N. Carrollton Ave ST. 46 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Kate Elizabeth Johnson

RESIDENCE NO. 502 N Carrollton Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

of residence in city or town where death occurred 14 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	C	Single

rried, widowed, or divorced USBAND of) WIFE of C

E OF BIRTH (month, day, and year) Sept. 2, 1918

Years	Months	Days	If LESS than 1 day, hrs. or min.
14	6	18	

UPATION OF DECEASED

Trade, profession or cular kind of work School-girl

General nature of industry, ness, or establishment in h employed (or employer) —

Name of employer —

HPLACE (city or town) Balto Md.
e or country)

AME OF FATHER George A. Johnson

IRTHPLACE OF FATHER (city or town) Md
State or country)

AIDEN NAME OF MOTHER Kate Bowie

IRTHPLACE OF MOTHER (city or town) Md
State or country)

Informant Katie Johnson
ddress) 502 N Carrollton

MAR 23 1933 Huntington Ind

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 f, 1933, to March 20, 1933, that I last saw h e alive on March 22 1933, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Phthisis

(duration) yrs. 2 mos 6 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical fact X-ray

(Signed) H Marco Wilson M. D.

3-22-1933 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/24 1933

20 UNDERTAKER Charles G. Cooper

ADDRESS 514 N. Eutaw St.

B. 1268-9

8799 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88799

PLACE OF DEATH

Y OF BALTIMORE: (No. Womans Hospital 14-04 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs Bertie Wilhelm

(a) Residence: No. Cockeysville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Daniel Wilhelm

7. DATE OF BIRTH (month, day, year) Oct 20 1883

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	5	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Carroll County, Md

12. NAME Mary Riemman

13. BIRTHPLACE (city or town) (State or country) Carroll County Md.

14. MAIDEN NAME Maggie Riemman

15. BIRTHPLACE (city or town) (State or country) Carroll County

16. INFORMANT (Address) Husband

17. BURIAL, CREMATION, OR REMOVAL Place Forest-Carlton Dale Co. Date Mar. 26 1933

18. UNDERTAKER Wm. C. Brooks & Son (Address) Parkton Md.

FILED MAR 23 1933 19 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1933 to Mar 23 1933

I last saw h alive on Mar 23 1933. Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure	1916
Hypertension - sudden	

Other contributory causes of importance:

Name of operation Post gastrointestinal Cholecystectomy Date of Mar 22

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Beverley C. Compston M. D.

(Address) Womans Hosp

. D. B. 1268-9

E 8330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88800

Registered No. 82-884

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Parkwyath Ave St. 9-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ignate Larsen

(a) Residence: No. 616 Parkwyath Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 14. 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norway

13. NAME Lars Larsen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Christena Nehmontsen

16. BIRTHPLACE (city or town) (State or country) Norway

INFORMANT Margaret Silkestrom

(Address) 616 Parkwyath Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 24th 1933

UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

FILED MAR 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933 to Mar 21, 1933

I last saw h[illegible] alive on Mar 21, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Mar 21 '33
Paralysis	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation (if any) Typical signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) H. E. Kaufman, M. D.

(Address) 1301 N Patterson

D. B. 1268-9

E 8880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88801

CERTIFICATE OF DEATH

93-003

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Rodgers

(a) Residence: No. 31 Abington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Susie A Rodgers

6. DATE OF BIRTH (month, day, year) Aug 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Benjamin Rodgers

14. BIRTHPLACE (city or town) (State or country) Boston Mass

15. MAIDEN NAME Mollie (Unknown)

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Anna V Mac Ewen

(Address) 31 Abington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 25th 1933

19. UNDERTAKER Wm Cook & Sons Funeral Home, Inc.

(Address) 1545 Pennsylvania Ave

FILED MAR 23 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Mar. 22, 1933

I last saw him alive on Mar. 22, 1933. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Coronary Sclerosis & Occlusion	?
Other contributory causes of importance:	
Pneumonia & Uremia	?
Bilateral Pleurisy	Mar 10
Lobar Pneumonia	Mar 10

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. S. Saunders M. D.

(Address) University Hospital

D. B. 1268-9

88802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 88802

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

Registered No. 16-01

CITY OF BALTIMORE: (No. 3201 Presstman St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Elaine Lanaminger

(a) Residence: No. 3201 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William M Lanaminger

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Gladys E Peters

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm M Lanaminger

(Address) 3201 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Feb 3 1933

19. UNDERTAKER George A Starkey

(Address) Fulton Ave & Lafayette

20. FILED Harrington Wilson Registrar

MAR 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 11, 1933, to Mch 21, 1933

I last saw h... alive on Mch 21, 1933 Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	5 days
Other contributory causes of importance:	
Labor Prolonged	10 days

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 3027 Wyndhurst

B. 1268-9

88803 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V 46 E 88803

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1131 Riverside Ave. St. 24-01 Ward)

th of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John W. Adams

(a) Residence: No. 1131 Riverside Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	WIDOWED

f married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret M. Adams

TE OF BIRTH (month, day, year) Mar. 29 1852

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Station Master

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Bristol,
(State or country) Pa.

. NAME John Adams

. BIRTHPLACE (city or town)
(State or country) Pa.

. MAIDEN NAME Margaret Bruden

. BIRTHPLACE (city or town)
(State or country) Pa.

FORMANT James B. Adams
(Address) 11 31 Riverside Ave.

URIAL, CREMATION, OR REMOVAL
Place Birkwood Cem. Date Mar 25, 1933

NDERTAKER John F. Deany
(Address) 710 Light St

23 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1932 to March 22, 1933

I last saw him alive on March 21, 1933 Death is said to have occurred on the date stated above, at 8.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	Dec 31, 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? abdominal ascites Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry F. Buettner M.D. M. D.

(Address) 1319 Light St. Baltimore, Md

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8804 E 88804

CERTIFICATE OF DEATH

✓ 93-003

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. 2913 Edmondson Ave. St. 26-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Helena M.Gimper

(a) Residence: No. 2913 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Joseph P.Gimper

TE OF BIRTH (month, day, year) Sept.10,1872

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Balto. (State or country) Md.

NAME August Steman

BIRTHPLACE (city or town) Germany (State or country)

MAIDEN NAME Maria Dobler

BIRTHPLACE (city or town) Germany (State or country)

FORMANT Joseph P Gimper

Address) 2923 Edmondson Ave

RIAL, CREMATION, OR REMOVAL

Place Lorraine Date March 25 1933

DERTAKER Geo W Little

Address) 2700 Edmondson Ave

R 23 1933 Interment in Mt. Olivet Cem. MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1932 to March 22 1933

I last saw h[e] alive on March 22 1933. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	March 1931

Other contributory causes of importance:

Myocarditis -	March 1931

Name of operation None Played Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Walter S. Tibbitt M. D.

(Address) 2220 Garrison Ave

B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88805

805

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 11-al Ward)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George Fowlkes

(a) Residence: No. 164 Dolphin st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Fowlkes

ATE OF BIRTH (month, day, year) Sept. 13, 1882

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

IRTHPLACE (city or town) (State or country) Virginia

. NAME William Fowlkes

. BIRTHPLACE (city or town) (State or country) Virginia

. MAIDEN NAME Mary Hatchet

. BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/25 1933

NDERTAKER Samuel T. Hensley

(Address) 575 N. Biddle St.

LED 23 1933 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from November 23 1932 to March 22 1933

I last saw him alive on March 22 1933. Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

E 88806

8806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Josephs Hospital St., 9-01 Ward)

gth of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sr. Mary Cuthbertas (Hagner)

(a) Residence: No. St. Joseph's Hospital St., Caroline & Oliver Sts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Feb. 27, 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Burlington, New Jersey

13. NAME Mr. Frederick Hagner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Dorson

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Hosp Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 3/24 19

UNDERTAKER Leonard J. Buck

(Address) 5305 Harford Rd

MAR 22 1933

FILED 1933 Burlington, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1 1932 to March 22 1933

I last saw her alive on March 22 1933 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1931?

Other contributory causes of importance:

Ind anaemia	12-1-32
Typaemia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Wagensseller M. D.

(Address) St. Josephs Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8807 E 88807

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bond St., 76-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Funk

(a) Residence: No. Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C. Funk Jr.

6. DATE OF BIRTH (month, day, year) July 22 1863

7. AGE Years 70 Months 7 Days 26 If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Charles Dieder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Mar 30 1933

Place Loudon Park

19. UNDERTAKER Harry Lyons

(Address) 1417 Light St.

FILED MAR 31 1933

Hunter for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-33

22. I HEREBY CERTIFY That I attended deceased from 3-13 1933, to 3-30 1933

I last saw h alive on 3-30 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arterio sclerosis	1930

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No, specify)

3-31-33 (Signed) Elmer Highbarger M. D.

(Address) Balto City Hospitals

D. B. 1263-9

E 88808

88808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. James N. Decker

(a) Residence: No. [illegible] St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

DATE OF BIRTH (month, day, year) [illegible]

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lace Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed

10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) [illegible]

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

INFORMANT [illegible]

(Address) [illegible]

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 1933

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-23-33, 19..., to 3-22-33, 19...

I last saw him alive on 3-22, 1933. Death is said to have occurred on the date stated above, at 10.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
advanced pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) W. Alfred Von Ammon, M. D.

(Address) St. Agnes Hos

8809 100 B—50L

E 88809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 24-81

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

2-FULL NAME Sophie Talbott.

(a) RESIDENCE NO 1520 William St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If ~~married, widowed, or divorced~~ (or) WIFE of Lawrence Talbott.

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	----	----	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Eberhart Heissner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Rebecca Lesner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant John Craig. (brother in law)

(Address) 2731 Parkwood Ave.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism
Adepose Sclerosis.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1520 William St. March 21, 1933

Did an operation precede death? No. Date of

Was there an autopsy? Yes by Hospital.

What test confirmed diagnosis? Autopsy & inquiry.

(Signed) Clark Heinbach, M. D. Coroner

8/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prince Frederick Cal Cemetery

DATE OF BURIAL 3/rd 1933

20 UNDERTAKER John J. Turkey & Sons

ADDRESS 1318 Eager

B. 1268-9

8810 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 88810

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Vet. of America Hosp. 110-01 St. ..... Ward)

th of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John L. Cockerill

(a) Residence: No. 1635 W. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb 15-1885

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Va
(State or country)

NAME John Cockerill

BIRTHPLACE (city or town) Va
(State or country)

MAIDEN NAME Martha Curry

BIRTHPLACE (city or town) Va
(State or country)

FORMANT Mrs Alice Robinson friend

(Address) 1420 W. 115th St. Chgo. Ill.

RIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date March 26 1933

NDERTAKER Wm. P. Chase & Son

(Address) 638 N. Gilmor

FILED MAR 28 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88811

CERTIFICATE OF DEATH

X✓ 163

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Hopkins Hospital St. 7-06 Ward)

th of residence in city or town where death occurred ..yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Esther Grafton

(a) Residence: No. Forrest Hill, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widow

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Harfird Co., Md.

NAME Frederick Ward

BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MAIDEN NAME Casandra Ward ------

BIRTHPLACE (city or town) (State or country) Harfors Co., Md.

FORMANT Hospita; Records

(Address)

URIAL, CREMATION, [illegible] Date Feb 25 19 33

Greenlief & Cook

NDERT[illegible] (Address) Forest Hill, Md.

LED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.55 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Acute	
Hemorrhagic Colitis	
etc	

Other contributory causes of importance:

Bichloride Mercury Poisoning	3/9/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Valor 19 .....

Where did injury occur Home of sister Edith (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Forrest Hill, Md.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) Jar C Lonkpre

D. B. 1268-9

8812

HEALTH DEPARTMENT—CITY OF BALTIMORE 38812

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals, 96-01 St. Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Evans

(a) Residence: No. No home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster, tonger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South River Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Alice Jane Hawkins

16. BIRTHPLACE (city or town) (State or country) Crisfield Md

17. INFORMANT Record Bath Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universities of Md Date May 22, 1933

19. UNDERTAKER Bauer Nagle
(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-33

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1933 to 3-20 1933

I last saw h alive on 3-20 1933 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	3-20-33
Other contributory causes of importance: arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-20-33 (Signed) Bath City Hospital M. D.

(Address) Bath City Hospital

D. B. 1268-9

E 88813

313 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto md St. 23-01 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Butterbaugh

(a) Residence: No. 1022 Patapsco St. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 7-18-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1906 | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

13. NAME OF FATHER Joseph Wash. De.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Emily Brown

16. BIRTHPLACE (city or town) (State or country) Wash. De.

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Universal of Md Date Mar 22 1933

19. UNDERTAKER ...
(Address) ...

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-33

22. I HEREBY CERTIFY, That I attended deceased from 3-1-33 to 3-21-33

I last saw him alive on 3-21-33 Death is said to have occurred on the date stated above, at 3:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-1933
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

3-21-33 (Signed) Elmer Highbarger M. D.

(Address) Balto. City Hospitals

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88814

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 96-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Castello

(a) Residence: No. 145 N 8th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

2. NAME Unknown

3. BIRTHPLACE (city or town) (State or country) Unknown

4. MAIDEN NAME Unknown

5. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Universal Grd Date May 22, 19 33

UNDERTAKER .....
(Address)

FILED May 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ignition of Explosives	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Hoen M. D.
Coroner

(Address) 1305 N Patterson Park Ave

8816

HEALTH DEPARTMENT—CITY OF BALTIMORE 8816

CERTIFICATE OF DEATH

87-002

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. Fayette & Dukeland St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Weidman (Philip A. Weidman)

(a) Residence: No. 2008 Mosby Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Weidman

6. DATE OF BIRTH (month, day, year) March 28, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gilman Estate

10. Date deceased last worked at this occupation (month and year) April 1923

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Zubrodt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Eleanor Weidman

(Address) 103 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery March 25 19 33

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to March 23, 1933

I last saw h alive on March 22, 1933. Death is said to have occurred on the date stated above, at 4.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1923?
Arteriosclerosis	?
Other contributory causes of importance: Pulmonary Edema	3/29/33

Name of operation Date of

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip A. Lessner M. D.

(Address) West Baltimore General Hospital

B. 1268-9

3816 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B88816

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1100 N. Eutaw St. 11-01 Ward)

th of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mons F. Doberener

(a) Residence: No. 1100 N. Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Widowed	

married, widowed, or divorced
HUSBAND of
(or) WIFE of Helena

TE OF BIRTH (month, day, year) Mar 12 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		11	

Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc.: Retired Baker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Christian Dorbrener

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Johanna Pithoff

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo M Doberer

(Address) 3145 W North Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 7 1933

UNDERTAKER Harry N. Reynolds & Son

(Address) 4204 Reisterstown Ave

FILED 3 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Leuk Coroner M. D.

(Address) Baltimore

B. 1268-9

38817 HEALTH DEPARTMENT—CITY OF BALTIMORE 38817

CERTIFICATE OF DEATH

M V

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp. St., 12-21 Ward)

th of residence in city or town where death occurred 0 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Edward Newton Allen

(a) Residence: No. 2227 Linden Terrace St., Towson, Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of ✓

TE OF BIRTH (month, day, year) May 13, 1924

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8	10	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Herschel H. Allen

. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

. MAIDEN NAME Margaret Burkel

. BIRTHPLACE (city or town) (State or country) Towson, Md

SFORMANT Windell T. Allen

(Address) 216 Edgevale Rd.

URIAL, CREMATION, OR REMOVAL

Place Prospect Hall Cem. Date 3/24 1933

NDERTAKER Henry H. Myers and Son

(Address) 802 N. Eutaw St.

ILED 3/24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 ... to ... 19 ...

I last saw h... alive on March 19 ... Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Cervical Vertebrae	3/22/33
Other contributory causes of importance: Automobile Accident	3/22/33

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/22 1933

Where did injury occur? York Rd & Linden Terrace
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking in the street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jos. L. Pikowsky Coroner M. D.

(Address) 3200 E. Madison St

E 88818

D. B. 1933
88818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH: Balto City Hospitals
CITY OF BALTIMORE: (No. Balto. Md. St. 7-A Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W Bollman

(a) Residence: No. 534 N. Dickeyville St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella Moore 1869

6. DATE OF BIRTH (month, day, year) July 10:

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	7d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Chas. A. Bollman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Freburger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date March 1933

19. UNDERTAKER Charles P. Powell
(Address) 2304 Edmondson Ave.

20. FILED 4-10-33 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-33

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1933 to 3-22 1933

I last saw him alive on 3-22 1933 Death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into rt. internal capsule	1-17-33

Other contributory causes of importance: Hemorrhage into rt int capsule Bronchopneumonia

	Date of onset
	1-17-33
	3-17-33

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-22-33 (Signed) Elizabeth Lee M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

88819 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88819

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Fleet St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanislawa Harbut

(a) Residence: No. 2221 Fleet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 21 — 33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Roman Harbut

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Kazmiera Zawislak

16. BIRTHPLACE (city or town) Poland
(State or country)

INFORMANT Roman Harbut
(Address) 2221 Fleet.

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 23 19 33

UNDERTAKER F. W. Zakrzewski
(Address) 1930 Eastern Ave.

FILED ... 19... ... Registrar.

MAR 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21 33 to March 22 33

I last saw her alive on March 22 19 33 Death is said to have occurred on the date stated above, at 8 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William Rysavy M. D.

(Address) 8010 Kennard

E 88820

88820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1343 N. Carey St. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Wells

(a) RESIDENCE. No. 1343 N. Carey St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Hansen Wells

DATE OF BIRTH (month, day, and year): March 28. 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Louis Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Nancy —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Bessie Wales

(Address) 1343 N. Carey St

MAR 23 1933 Huntington Whitney, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 11. 1931, to March 21, 1933, that I last saw her alive on March 20, 1933, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Age —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm. A. Hughes, M. D.

3/21, 1933 (Address) 120 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Mar 24 1933
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pennsylvania Ave

D. B. 1263-9 117

E 88821

88821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Renmart Hotel 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August H. Burkowske

(a) Residence: No. 1823 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret Burkowske

6. DATE OF BIRTH (month, day, year) Nov 2nd 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Remart 0 30

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md

13. NAME Julius Burkowske

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Meise

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Margaret Burkowske

(Address) 1823 W. Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 25th 1933

UNDERTAKER Wm Cook

(Address) 127 St Paul St

FILED 3-23-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec 20 1932~~ ~~for past 18 mo~~ 19 to 3-23 1933

I last saw ~~him~~ alive on 3-23- 1933. Death is said to have occurred on the date stated above, at 2- ~~p~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Rectovesicalis	
Probably Coronary Thrombosis	

Other contributory causes of importance: Indefinite

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W. K. Bonsack M. D.

(Address) 117 W Saratoga St

H. D. B. 1268-9

E 88822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88822

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 E Hoffman St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Kilduff

(a) Residence: No. 2008 E Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Kilduff

7. DATE OF BIRTH (month, day, year) June 15th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dennis Kilduff

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Raymond Kilduff
(Address) 2008 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Holt Mem'l Date 3/24 1933

19. UNDERTAKER Wm Cook
(Address) 1214 E Fort Ave

20. FILED 3/23 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to March 22 1933

I last saw him alive on March 21 1933 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Nephritis	1 wk

Other contributory causes of importance:

Uraemia Coma	1 day

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Finn M. D.

(Address) 677 N Gilmor

—M. & T.—100 B—50L

88823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88823

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 ANNapolis Rd. ST. 25-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine J.Robinson.

(a) RESIDENCE NO 3400 Annapolis Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) January 27, 1933

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	1	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George L.Robinson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary McMullen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Mary Robinson.(mother)

(Address) 3400 Annapolis Rd.

Filed 3/31 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.
Coroner

8/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Augustine, Elkridge

DATE OF BURIAL 3/25 1933

20 UNDERTAKER [illegible] Cook

ADDRESS 1217 E. [illegible]

M. D. B. 1268-9

3824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88824

CERTIFICATE OF DEATH

97

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 N. Calvert St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Curlett Kent

(a) Residence: No. 2735 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Mar'd

6. If married, ~~widowed, or divorced~~ (or) WIFE of Joseph B. Kent

DATE OF BIRTH (month, day, year) June 30th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Curlett Jr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Eckelberger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jos B Kent

(Address) 2735 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 25th 1933

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1933 to March 23 1933

I last saw her alive on Mar. 23 1933 Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio-sclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St.

L. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88825

CERTIFICATE OF DEATH

131

Registered No. E 88825

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E. 36th St. 9-01 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Carman

(a) Residence: No. 728 E. 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Henrietta V. Carman

DATE OF BIRTH (month, day, year) Aug 28 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store

10. Date deceased last worked at this occupation (month and year) Mar 1929

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Donald W. Carman
(Address) 728 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 25th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5 1933 to March 22nd 1933

I last saw him alive on March 22nd 1933 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-Renal-	10 yr.
Uraemia	3/18/33
Chronic Nephritis	10 yr.

Other contributory causes of importance:

Emphysema } 10 yr.
arteriosclerosis }

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Glenwood Ave

M. D. B. 1268-9

E 88826

88826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Eutaw Ove St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie E Norman

(a) Residence: No. 907 Eutaw Ove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE Wm Kershaw F Norman

DATE OF BIRTH (month, day, year) July 4 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME John Escott

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah E.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Milton A Stiles

(Address) 2051 Kennedy ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 25 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1931 to Mar 22 1933

I last saw h alive on Mar 22 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1931
Uraemic Toxaemia	5/17/33
Other contributory causes of importance:	
Chronic nephritis	1931

Name of operation Date of

What test confirmed diagnosis Was there an autopay? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Strutt M. D.

(Address) 450 E Fort ave.

D. B. 1268-9

88827 HEALTH DEPARTMENT—CITY OF BALTIMORE 88827

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md St. 26-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Granruth

(a) Residence: No. 510 So. Fremont St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

~~Married~~, widowed, or ~~Divorced~~ HUSBAND of ~~(or WIFE of)~~ Rachael J. Granruth

6. DATE OF BIRTH (month, day, year) July 11, 1869

7. AGE: Years 63 | Months 8 | Days 12 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Wm. Granruth

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Margaret Hall

16. BIRTHPLACE (city or town) (State or country) Balto., Md

INFORMANT Record Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Mar 27 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-33

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1933 to 3-22 1933

I last saw him alive on 3-22 1933. Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into right internal capsule	3-17-33
Other contributory causes of importance: Hemorrhage into rt. int & ext capsule, art. miscellaneous	1926 ?

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-22-33 (Signed) Glenn Hirshberg M. D.

(Address) Balto. City Hospitals

B. 1268-9

828 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88828

CERTIFICATE OF DEATH

94-001

Registered No. .....

PLACE OF DEATH Pronounced Dead at

Y OF BALTIMORE: (No. Mercy Hospital St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 1/2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William E. Hartness

(a) Residence: No. 2315 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) about 1883

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	50			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R R R

Date deceased last worked at this occupation (month and year) Jan 22 1933

11. Total time (years) spent in this occupation 5 yrs

IRTHPLACE (city or town) (State or country) Unknown

. NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

FORMANT E. M. Devereux

(Address) Bro. Building

RIAL, CREMATION, OR REMOVAL

Place Cleveland, Ohio Date 3/24/33

NDERTAKER Wm Cook

(Address) 1217 E. Pont St

ILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset ... January

Other contributory causes of importance:

Coronary Thrombus about 10 min

Name of operation — Date of ...

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M Fenton M. D. Coroner

3/23/33 (Address) 700 E Chase

. B. 1268-9

3829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 88829

CERTIFICATE OF DEATH

169

PLACE OF DEATH Pronounced Dead at

Y OF BALTIMORE: (No. Mercy Hospital St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Philip Ottmann

(a) Residence: No. 615 N Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) New York City
(State or country)

. NAME Philip Ottmann

. BIRTHPLACE (city or town) unknown
(State or country)

. MAIDEN NAME Augusta Fischer

. BIRTHPLACE (city or town)
(State or country) unknown

FORMANT Jacob Herrlich Son
(Address) 332 E 86th St N.Y. City

URIAL, CREMATION, OR REMOVAL

Place New York City Date Mar 24 1933

NDERTAKER John H. Deany
(Address) 715 Light St

ILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH 021

21. DATE OF DEATH (month, day, year) March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on January 19 ... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull & Neck from jump from 3rd story window at 615 N Calvert St	
Other contributory causes of importance: Suicide While Insane	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 3 22 1933

Where did injury occur? 615 N Calvert St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury Suicidal Intent

Nature of Injury See Q 22

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James H Fenton Coroner, M. D.

3/23/33 (Address) 700 E Chase St

D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88830

830

CERTIFICATE OF DEATH

93-005

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2525 Reisterstown Rd. 3-91 Ward)

gth of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

FULL NAME David Mendelsohn

(a) Residence: No. 2525 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
er	W	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Stella

ATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sydney Mendelsohn

(Address) 2525 Reisterstown Rd.

BURIAL, CREMATION, OR REMOVAL

Place Levering Date 3-24-33 19

UNDERTAKER Hoch Funeral Home

(Address) 1437 W. Baltimore St.

FILED 3-24-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933 to March 23, 1933

I last saw h alive on March 23, 1933. Death is said to have occurred on the date stated above, at 11:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Cardiac failure	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. N. Patterman M. D.

(Address) 2324 Reisterstown Rd Balto

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88831 88831

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1301 N. 40th. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Christina S. Menzies

(a) Residence: No. 1301 N. 40th. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Menzies

DATE OF BIRTH (month, day, year) August 17-1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Aberdeen Scotland

12. NAME John Black

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT James B. Menzies

(Address) 1301 N. 40th. St.

BURIAL, CREMATION, OR REMOVAL

Place Earlwood Date March 27, 1933

UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

FILED APR 4 1933 Huntington Ave. Station, N. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Mar 23, 1933

I last saw h[illegible] alive on Mar 23, 1933 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Exhaustion	Few days

Other contributory causes of importance:

Arteriosclerosis
Senile Infirmities

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) [illegible] M. D.

(Address) 1120 N. 20th St.

88832

70581

Med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88832

V 66-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 91-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcella Talbott

(a) Residence: No. 1000 Warren St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 3/25/1933

19. UNDERTAKER Isaiah E Bowman & Son

(Address) 1032 W Montgomery St

933

19 .....

Registrar.

Ft Wayne, Ind

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-7-1933, to 3-24-1933

I last saw her alive on 3-17-1933. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1932
Myocardial Insufficiency	3-1-33

Other contributory causes of importance:

Toxic adenoma	1932

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

E 88833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88833

CERTIFICATE OF DEATH

Registered No. 149

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No. ..... St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 9 mos. 16 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice M. Cooke

(a) Residence: No. 111 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-6-13

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME John Cooke

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillie Wilkins

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 3/23/ 1933

UNDERTAKER Foley & Conway & Son
(Address) 901 Eastern Ave.

FILED 3/24 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, to March 22, 1933
I last saw h. alive on March 22 1933 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, pneumococcus type III	3/21/33
Other contributory causes of importance:	
Lobar pneumonia	3/13/33
Incidental Factor:	
Full term spontaneous delivery	3/19/33

Name of operation none Date of —
What test confirmed diagnosis? Findings Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Ralph H. Jack M. D.
(Address) Johns Hopkins Hospital

D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88834

CERTIFICATE OF DEATH

E 88834

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 W. 40th St. 13-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary G. McHugh

(a) Residence: No. 617 W. 40th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas F. McHugh

DATE OF BIRTH (month, day, year) Nov. 6, 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Andrew Schmitt

14. BIRTHPLACE (city or town) -------
(State or country) Germany

15. MAIDEN NAME Magdalena Sack

16. BIRTHPLACE (city or town) -------
(State or country) Germany

INFORMANT Thomas F. McHugh
(Address) 617 W. 40th Street

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/25 '33

UNDERTAKER Henry U. Meier & Son
(Address) 501 N. Calvert Street

FILED MAR 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to March 22, 1933

I last saw her alive on March 22, 1933. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Biliary Tract	1932

Other contributory causes of importance:
Internal Hemorrhage

Name of operation Drainage Bile Duct Date of July 1932

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanton McAleer, M. D.

(Address) 609 Cathedral

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88835 E 88835

CERTIFICATE OF DEATH

Registered No. 115-001

1. PLACE OF DEATH: Baltimore City Hospital

CITY OF BALTIMORE: (No. Balto. Md. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Della Harrison

(a) Residence: No. 508 McMechen St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Jan. 7, —

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	—	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Gen Hospital

10. Date deceased last worked at this occupation (month and year): 1 Jan

11. Total time (years) spent in this occupation: 3

BIRTHPLACE (city or town) (State or country): Franklin, Tenn

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): —

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

INFORMANT: Records Balto City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Date 3/24/33

UNDERTAKER: Mrs. George H. Kellam

(Address) 1.3 Druid Hill Ave

FILED 1933 Hunting Town Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-23 1933 to 3-23 1933

I last saw her alive on 3-23 1933 Death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Virulent angina of mouth and throat	?
	?

Other contributory causes of importance: Nephritis acute 9-20-32

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-23-33 (Signed) Elmer Hirsberg M. D.

(Address) Balto City Hospitals

0—M. & T.—100 B—50L

E 88836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88836

CERTIFICATE OF DEATH

✓ X 183

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Cross St. ST. 24-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J.Grace.

(a) RESIDENCE NO 222-80th St.New York. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred En route yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) December 16, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 3rd officer on S/S
(b) General nature of industry, business, or establishment in which employed (or employer) Stmr. Sylvan Arrow.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond, Va.

10 NAME OF FATHER Thomas E. Grace.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Ella Shea.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond. Va.

Informant Katie O'Gorman.

(Address) 216 Louisiana St. Richmond, Va.

Filed MAR 24 1933 Harriet Lies Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Fell from a wharf.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Katie McGinnard, M. D. Coroner

8/24/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL via Express Agency Inc. Richmond Va.

DATE OF BURIAL Mar 24 1933

20 UNDERTAKER John J. Denny

ADDRESS 715 Light St

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

88837

CERTIFICATE OF DEATH

107 E 88837

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5323 Pennington St., 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dallas Ray Crumbliss

(a) Residence: No. 5323 Pennington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/18/32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Dallas Crumbliss

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Moore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Dallas Crumbliss

(Address) 5323 Pennington

BURIAL, CREMATION, OR REMOVAL

Place Marley Neck Cem Date 3/24/33, 19...

UNDERTAKER S. J. Fahey & Son

(Address) 256 Eighth St

MAR 24 1933

Interment Filed, ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to Mar 23, 1933

I last saw him alive on Mar 20 1933 death is said to have occurred on the date stated above, at 1.09 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary).	Mar. 9 1933
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Wedt, M. D.

(Address) 4815 Pennington Ave.

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8838 É 88838

CERTIFICATE OF DEATH

131

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1637 Ausquith ST., 9-W (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Genevieve E. Kirchenstein

a) RESIDENCE NO. 1637 Ausquith ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

th of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of John J. Kirchenstein

TE OF BIRTH (month, day, and year) not known

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt 54	-	-	

UPATION OF DECEASED

Trade, profession or ticular kind of work Housewife 037

General nature of industry, iness, or establishment in ich employed (or employer)

Name of employer

THPLACE (city or town) Balto
ate or country) Md.

NAME OF FATHER Chas H. Vincent

BIRTHPLACE OF FATHER (city or town) Not
(State or country) Known

MAIDEN NAME OF MOTHER ?? Love

BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Edw B Kirchenstein

(Address) 1637 Ausquith St.

Date MAR 24 1933 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22. 1933

17 I HEREBY CERTIFY, That I attended deceased from March 22, 19 33, to March 22, 19 33

that I last saw h er alive on March 21, 19 33

and that death occurred, on the date stated above, at 11 45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, 1 day.
Arteriosclerosis, 1 yr.
Myocarditis, 1 yr.
Hypertension. 1 yr.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis
(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis + Symptoms

(Signed) Chas Jr Stevens, M. D.

3-23, 19 33 (Address) 2871 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL March 25 1933

20 UNDERTAKER Hanley Hirsch Sons, Inc. — ADDRESS 1301 E Eager St.

E 88839

H. D. B. 1268-0

88839 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4218 Belair Road St., G-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick P. Diller

(a) Residence: No. 4218 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Jennie M. Diller

DATE OF BIRTH (month, day, year) Dec. 25 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Valentine Diller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M. Schuster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jennie M. Diller.

(Address) 4218 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Mar 27, 1933

19. UNDERTAKER Henry Aboch & Bro. Inc

(Address) 321 E. Eager St

20. FILED APR 4 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to March 24, 1933

I last saw him alive on March 24, 1933 Death is said to have occurred on the date stated above, at 1.2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Heart disease	
Other contributory causes of importance: Stroke, Cerebral Embolism	

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury "

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. D. Coral, M. D.

(Address) Coral & Southern

. B. 1268-9

8840 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 88340

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 921 N. Washington St., 7-06 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Anton Sedlacek

(a) Residence: No. 921 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Marie Sedlacek

ATE OF BIRTH (month, day, year) May 3/1859

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	10	19	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Bohemia

3. NAME Wm Sedlacek

4. BIRTHPLACE (city or town) (State or country) Bohemia

5. MAIDEN NAME Not given

6. BIRTHPLACE (city or town) (State or country) n

NFORMANT Marie Sedlacek
(Address) 921 N. Washington St.

URIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Mar 25 19 33

NDERTAKER Geo M. Emick Son
(Address) 811 W Lafayette

ILED MAR 24 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 10 P.M.

The **principal cause of death** and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Senility- arteriosclerosis etc.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Bell, M. D.
(Address) 508 E Baltimore Coroner

D. H. 1268-9

E88641

8841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 1020 Druid Hill St., 17 (Ward)

gth of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John W. Gibbs

(a) Residence: No. 1020 Druid Hill Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of: No

6. DATE OF BIRTH (month, day, year): Mar 2-1933

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Chas Gibbs

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Ella W. Heard

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Chas Gibbs
(Address): 1022 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place: Interred Loud Date: Mar 24 19 33

19. UNDERTAKER: .....
(Address) .....

20. FILED Mar 24 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 18th 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Duration
Premature Birth.

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leith Ross M. D.
Coroner

(Address) .....

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88842

8842

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Daniel Dooling

(b) Residence: No. 604 N Kenwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	S

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	10			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)

IRTHPLACE (city or town) Unknown
(State or country)

3. NAME Unknown

4. BIRTHPLACE (city or town) Unknown
(State or country)

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) Unknown
(State or country)

NFORMANT .....
(Address)

URIAL, CREMATION, OR REMOVAL
Place Druid Hill Ave Date Mar 24 19 33

NDERTAKER .....
(Address)

24 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h ... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H J Young M.D. Coroner, M. D.

(Address) 305 N Patterson Park

D. B. 1268-9

Collars

8843 HEALTH DEPARTMENT—CITY OF BALTIMORE B 88843

CERTIFICATE OF DEATH

157-003

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 914 Cascade Ave St. 25-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles K Callars

(a) Residence: No. 914 Cascade Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 3/21/33

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~4 days~~		4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Chas K Callars

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Caroline Lampley

16. BIRTHPLACE (city or town) Md
(State or country)

NFORMANT Carolin Callars

(Address) 914 Cascade Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/25 19 33

UNDERTAKER Frederick A Cole

(Address) 1300 W Lombard St

ALED MAR 25 1933 19 Funeral Director

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/33

22. I HEREBY CERTIFY, That I attended deceased from 3-21-33 19.. to 3-24-33 19..

I last saw h... alive on 3-24-33 19.. Death is said to have occurred on the date stated above, at 8 4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Failure of Fontanelle to close at birth.	3 days

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, ...

(Signed) Stafford Dam M. D.

(Address) 527 Park Ave

0—M. & T.—100 B—50L

88844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88844

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5002 Frederick Ave. ST. 26-24 WARD)

2-FULL NAME Ellsworth Sheppard.(C)

(a) RESIDENCE NO. 5002 Frederick Ave. ST., ____ WARD ____ Sykesville Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	----------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer) Gundry sanitarium.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

10 NAME OF FATHER Levi Sheppard.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Quenetta Hawkins.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Md.

Informant Quenetta Sheppard.(C) mother.

(Address) Sykesville, Md.

Filed 3-24-1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Elliott Hainard X Coroner, M. D.

3/24/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Rock Cemetery

DATE OF BURIAL 3/26/1933

ADDRESS

20 UNDERTAKER C. M. Waltz. Brinkfield, Md.

Co. 5-31 250B

88845 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 88845

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2104 Penna Ave ... Ward) 15-01

gth of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ellen Lake

(a) Residence: No. 2104 Penna Ave ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lake

DATE OF BIRTH (month, day, year) — 1874

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Calvert Co Md

3. NAME James Kelson

4. BIRTHPLACE (city or town) (State or country) md

5. MAIDEN NAME Amanda Bordley

6. BIRTHPLACE (city or town) (State or country) md

INFORMANT Henrietta Broom

(Address) 2104 Penna ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date mar 26 1933

UNDERTAKER Thomas E. Kelson

(Address) 1203 Pressman st

FILED 3-24 1933 Huntington Hilliard M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1933 to 3/22, 1933

I last saw her alive on 3/14 1933 and death is said to have occurred on the date stated above, at 2 PM

The principal cause of death and related causes of importance, were as follows:

Lobar Pneumonia — Date of onset ...

Other contributory causes of importance: ... Date of onset ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Burkett, M. D.

(Address) 2 E Dr

H. D. B. 1268-9

Geneva Powell

HEALTH DEPARTMENT—CITY OF BALTIMORE

88846 88846

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1939 Pennsa Ave 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Powell

(a) Residence No. 1939 Penn ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3/19/20

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13		13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert Powell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Bessie Woods.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Powell

(Address) 1939 Penn ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Mar 25, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED 3/25, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/33

22. I HEREBY CERTIFY, That I attended deceased from 3/17/33 to 3/22/33

I last saw h alive on 3/19/33, 19 . Death is said to have occurred on the date stated above, at 3 30 A.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Cal. Tuberculosis	
	2/20/32

Other contributory causes of importance:

Pneumonia 2 weeks

F. 1931.

Name of operation — Date of —

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Thodi M. D.

(Address) 924 Park ave

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 E 88847

88847

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

TY OF BALTIMORE; (No. 3707 Fait Ave ST., 26-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Johanna Schrader

a) RESIDENCE NO. 3707 Fait ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Schrader

TE OF BIRTH (month, day, and year) 1884

Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

UPATION OF DECEASED

) Trade, profession or rticular kind of work housework

) General nature of industry, siness, or establishment in ich employed (or employer) 037

) Name of employer

THPLACE (city or town) (State or country) Germany

NAME OF FATHER John Bydzenski

BIRTHPLACE OF FATHER (City or town) (State or country) Poland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

Informant Martin Schrader

(Addr 5048 Patterson Park

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23-33

17 I HEREBY CERTIFY, That I attended deceased from 3-23-, 19 33, to 3-23, 19 33

that I last saw h alive on 3-23, 19 33

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis (Gen)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs mos. 8 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Clifford E. Cook, M. D.

, 19 (Address) 719 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus — DATE OF BURIAL March 27, 33

20 UNDERTAKER John J. Kunda — ADDRESS 2811 Hudson St

D. B. 1268-6

E 88848

8848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md. St., 26-01 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Korn

(a) Residence: No. 117 N. Janney St. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Korn

DATE OF BIRTH (month, day, year) 11-4-1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	67	5 4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber grading

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Staunton, Va.

13. NAME Moses —

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Moya Hardee

16. BIRTHPLACE (city or town) (State or country) Staunton, Va.

INFORMANT Records Balto. City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Mar 27 '33

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED ... Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 '33

22. I HEREBY CERTIFY, That I attended deceased from 3-16 '33 to 3-23 '33

I last saw him alive on 3-23 '33 Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into left internal capsule	3-15-33
Other contributory causes of importance: Arteriosclerosis Chronic Bronchopneumonia	? 3-19-33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No (yes or no, specify)

3-24-33 (Signed) Elmer Leidheiser M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

E 88849

88849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hospital 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? 20 yrs. mos. ds.

2. FULL NAME Margaret McLean

(a) Residence: No. 420 Eutaw St., Ward Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year): April 16 - 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ins Co

10. Date deceased last worked at this occupation (month and year): Mar 1933

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland

13. NAME OF FATHER: George McLeod

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME OF MOTHER: Anna ?

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Mgr Gen'l Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 27th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED — — 19— — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-24-33

22. I HEREBY CERTIFY, That I attended deceased from 3-21-33, 19—, to 3-24-33, 19—

I last saw her alive on 3-24-33. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	3-19-33
Other contributory causes of importance: Hypostatic Pneumonia	3-23-33

Name of operation — Date of —

What test confirmed diagnosis ? Autopsy Was there an autopsy ? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ? Date of injury —, 19—

Where did injury occur ?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased ? No. If so, specify

(Signed) [illegible], M. D.

(Address) Md. General Hospital

R 24 1933 Washington Water

D. B. 1268-9

E 88850

88850 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 5201 Alhambra Ave St. 27-01 Ward)

gth of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John E. Koontz

(a) Residence: No. 5201 Alhambra Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah A. Koontz

ATE OF BIRTH (month, day, year) Dec 31/1855

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	2	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Maryland,

13. NAME John E. Koontz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. John Duncan
(Address) 4122 - 5th St., N.W. Wash., D.C.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 27th 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	??
" Nephritis	??

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Mason M. D.
Coroner

(Address) 506 E. Monument

M. D. B. 1268-9

88851

HEALTH DEPARTMENT—CITY OF BALTIMORE 88851

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes Hospital Wilkens + Caton Ave

CITY OF BALTIMORE: (No. ..... St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Sonneborn

(a) Residence: No. 15 S. Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-23-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		-		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Elliott Sonneborn

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Jennie M. Staubly

16. BIRTHPLACE (city or town) Pennsylvania
(State or country) Pa.

17. INFORMANT Donald Staubly
(Address) Manchester Md.

18. BURIAL, CREMATION, OR REMOVAL [redacted]
Place [redacted] Date 3/25/33 19..

19. UNDERTAKER John Henry Lo Mac
(Address) 2275 Eutaw St

3/24/1933 [redacted] 19.. Registrar.

Westminster Md. R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 , 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Prematurity (3 mos.) — Date of onset

Other contributory causes of importance: Placenta Praevia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Robert H. Allison M. D.

(Address) St. Agnes Hospital

H. D. B. 1268-9

88852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88852

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-83 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. William Hershenbaker

(a) Residence: No. 912 Delaware Ave St., Wilmington Ward. Delaware

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) Sept 13 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 yrs.	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of medicine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Charlottesville
(State or country) Virginia

13. NAME Charles C. Hershenbaker

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Frances Lefturgh

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mrs. Wm. Hershenbaker

(Address) 912 Delaware Ave Wilmington Del

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va Date March 25 1933

19. UNDERTAKER Henry H. Jenkins & Co

(Address) 6 East Lexington St Baltimore

20. FILED March 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to March 24, 1933

I last saw h alive on March 24, 1933. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse Colon	several month

Other contributory causes of importance:

Peritonitis following operation	3-24-33

Name of operation Exploratory Resection Date of 3-21-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert W. Gaze M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8853 E 88853

CERTIFICATE OF DEATH

V 23

. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 2-G-1 (Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME John Read

(a) Residence: No. 1529 Lancasterst. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 25, 1897

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Porto Rica

13. NAME Raymond Read

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ponca ?

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 3/25 1933

UNDERTAKER John J. Flaherty Sons
(Address) 1318 Light St.

FILED 1933 The Lancaster Williams, M.D. City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Arpil 6, 1932 to March 23 1933

I last saw him alive on March 23 1933. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1922
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stacer M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

88854 HEALTH DEPARTMENT—CITY OF BALTIMORE 88854

CERTIFICATE OF DEATH

34V

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Robinson

(a) Residence: No. 1216 Ashland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1941

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Spencer Hemmings

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alice Upshur

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date March 25 1933

19. UNDERTAKER Edw. Bryan
(Address) 1631 Orleans St

20. FILED Huntington Undertaking Co.
MAR 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933 to March 20, 1933

I last saw her alive on March 20, 1933 Death is said to have occurred on the date stated above, at 2:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated Ventral Hernia	
Obesity	
Syphilis	

Other contributory causes of importance:

Name of operation Repair of Ventral Hernia Date of 3/19/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry R. Neel M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88855

E 88855

CERTIFICATE OF DEATH

124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1001 E. Oliver St St., 9-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Eberenz

(a) Residence: No. 1001 E. Oliver St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) June 21/1867

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Newspaper Carrier

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Simon Eberenz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Schilling

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Simon M. Eberenz (Nephew)

(Address) 803 Cator Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/27/33 19

UNDERTAKER George J. Rusty Sons

(Address) 1625 Aisquith St

FILED 3-25-33 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at about noon m

The principal cause of death and related causes of importance were as follows:

Alcoholism — Date of onset ?

Other contributory causes of importance:

Reported probable Cirrhosis Liver

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John W. Green, Coroner, M. D.

(Address) 508 E Monument

Co. 5-31 250B

3856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88856

V 131

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 112 N. Milton Ave. St. 6-01 Ward)

gth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? 60 yrs. mos. ds.

FULL NAME Lilea A.P.Collier

(a) Residence: No. 112 N. Milton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 22, 1854

AGE Years	Months	Days	If LESS than 1 day, hours or min.
79	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Manchester
(State or country) England

13. NAME Thomas Collier

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Lillian Ann (Unknown)

16. BIRTHPLACE (city or town) England
(State or country)

INFORMANT William J. Banks
(Address) 112 N. Milton Avenue

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date Mar. 25, 1933

UNDERTAKER George [illegible]
(Address) [illegible]

FILED MAR 25 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1932 to March 22nd, 1933

I last saw her alive on 22nd, 1933, death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Faulkner M. D.

(Address) 119 N. Milton

M. D. B. 1269-9

88857. HEALTH DEPARTMENT—CITY OF BALTIMORE 88857

CERTIFICATE OF DEATH

17

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 422 N Green Street St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Geppi

(a) Residence: No. 422 N. Green Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

7. DATE OF BIRTH (month, day, year) July 12, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
4	8	12	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Rosairo Geppi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Roslia Geppi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosairo Geppi

(Address) 422 N Green Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Mar. 27, 1933

19. UNDERTAKER George J. Roth Inc.

(Address) 1330 Hughes [illegible]

20. FILED [illegible] 19

Registrar.

MAR 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/23/1933, to 3/24/, 1933

I last saw h[illegible] alive on 3/24/, 1933. Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Hist.	3 wks.
	None
Convulsions	3/24/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Lang, M. D.

(Address) 4 [illegible] Orchard

30—M. & T.—100 B—50L

E 88858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88858

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Carroll St. ST. 21-A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernestine Ashe.(C)

(a) RESIDENCE NO 814 Carroll St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) October 31, 1932

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	4	24 ?	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Ashe.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Sally Sorrell.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant John Ashe.(C) father.

(Address) 814 Carroll St.

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

4/24/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3-25, 1933

20 UNDERTAKER James A. Hayes

ADDRESS 142 W. Third St.

Spec.-7-17-26—A Co.—200 Bks.

E 88859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88859

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2835 Remington Ave 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenora Stokes

(a) RESIDENCE NO. 2835 Remington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
74				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Lewis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Henry Stokes

(Address) 2726 Etting St.

15 Filed , 19 Registrar

MAR 25 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1933 March 23

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to March 23, 1933, that I last saw her alive on March 23, 1933, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Age Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Hutchins, M. D.

, 19 (Address) 1202 N. Bill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — Date of Burial 3/26 1933

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 2101 W. Baltimore St

pec.—9-30—A. & Co.—250 Bks.

88860 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88860

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2612 St. Paul St. St. 12-01 WARD)

2-FULL NAME Emma B. Terrell

(a) RESIDENCE NO. 2612 St. Paul St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Embra Jarrell

DATE OF BIRTH (month, day, and year) 3/13/1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	70	—	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) Maryland.
(State or country)

10 NAME OF FATHER R. J. Bowie

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eliz. Sinclair

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

Informant Mrs. Harry C. Eberle

(Address) 2612 St. Paul St.

Filed MAR 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/33.

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1933, to March 23, 1933.

that I last saw her alive on March 23, 1933.

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral & Aortic Insufficiency

C. K. Corner J. C. Morrissey

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia - Chronic Nephritis

Hypertension (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Henry B. Athey M. D.

3/24 1933. (Address) 2504 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 25 1933
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 W. North Ave.

B. 1268-9

88861 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 88861

Registered No. 92-001

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Guide Schluderberg + Kurdle Co. St., Ward) Factory Home

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Christian Feller

(a) Residence: No. 527 N. Rose St., Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie M Feller

DATE OF BIRTH (month, day, year): June 3 1868

AGE: Years 64 Months 9 Days 19 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Packing

10. Date deceased last worked at this occupation (month and year): 3/23/31

11. Total time (years) spent in this occupation: ?

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: George Feller

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT (Address): Minnie M Feller 527 N Rose

BURIAL, CREMATION, OR REMOVAL: Date Mar. 28 1933

Place: St. Matthews Mrs. E. Miller Sr.

UNDERTAKER (Address): Mrs. E. Miller Sr. Washington Place

FILED R 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said to have occurred on the date stated above, at 7:40 a.m.

I last saw h... alive on ... 19...

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. F. Kerrigan M.D. M. D.

Coroner

(Address) 305 N Gilmor St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88862 E 88862

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4029 Greenmount St., 9-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha E. Fitzpatrick

(a) Residence: No. 4029 Greenmount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
(or) WIFE of Charles J.

DATE OF BIRTH (month, day, year) March 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Queen Annes (State or country) Md

13. NAME Ernest Reiche

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Nagle

16. BIRTHPLACE (city or town) Pa Unidentified (State or country)

INFORMANT Mrs Norman Martin

(Address) 4029 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 25, 1933

UNDERTAKER Fleming Kelcher

(Address) 1532 Hollins St

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933, to March 22, 1933

I last saw her alive on March 22, 1933. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Myocarditis	1930
Ca Gastric Nephritis	1930
Arteriosclerosis	1929

Other contributory causes of importance:

Toxemia	1 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..... ;

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. H. Bishop, M. D.

(Address) 501 Sheridan Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88863 E 88863

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 835 W Fayette St. 16-01 Ward)

ength of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Beyer

(a) Residence: No. 835 W Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 2 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	11	1	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME ? Beyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Wilhelmara

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Elizabeth Berlau

(Address) 3136 Oakford Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 25 1933

UNDERTAKER J. Vernon Keehner

(Address) 832 Hollins St

25 1933 Registered.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/1933

22. I HEREBY CERTIFY, That I attended deceased from 3/10/1933 to 3/23/1933

I last saw her alive on 3/22/1933 Death is said to have occurred on the date stated above, at 12:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Int. Nephritis	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard J. Feeny M. D.

(Address) 910 W. Lombard

H. D. B. 1268-6

88864 HEALTH DEPARTMENT—CITY OF BALTIMORE 88864

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 N Eden St. 10-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Theresa Jackson Ralph

(a) Residence: No. 1040 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced (or) WIFE of James R. Ralph

DATE OF BIRTH (month, day, year) Jan 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT James R. Ralph (Husband)
(Address) 1040 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 3/26, 1933

19. UNDERTAKER John G. Henderson
(Address) 1501 E. Monument

20. FILED —, 19— [illegible]

MAR 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 19 32 to March 23, 1933

I last saw h[illegible] alive on March 22, 1933 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Oct 1932

Other contributory causes of importance:
Partial Intestinal Obstruction also, Metastasis throughout intestinal tract.

Name of operation none Date of

What test confirmed diagnosis Physical & X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. J. Young, M. D.

(Address) 1424 E Monument St

M. D. B. 1268-9

88865 HEALTH DEPARTMENT—CITY OF BALTIMORE 88865

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2202 Mt. Holly St St. 15-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella C. Woolford

(a) Residence: No. 2202 Mt Holly St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 81				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

13. NAME Stephen Bassett Woolford

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME Mary E. Woolford

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mr. Geo. Stephen Chesman

(Address) 2202 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Mar 27, 1933

19. UNDERTAKER Elmer W. Coulbourn

(Address) 924 E. Lafayette Ave

20. FILED ....., 19..... Registrar.

MAR 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933 to March 23, 1933

I last saw her alive on March 23, 1933. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/20

Other contributory causes of importance:

Senility	3/16/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Did not Date of injury 3/17, 1933

Where did injury occur? In home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Barrett C Collins M. D.

(Address) 1204 Linden Ave

M. D. B. 1268-9

88866 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88866

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Homewood Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard J. Lucey

(a) Residence: No. 1136 Homewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	9 10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md. R.R.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jeremiah Lucey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Toner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary A. Lucey

(Address) 1136 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mar 27, 1933

19. UNDERTAKER Edward V. Conklin

(Address) 1124 Eutaw St.

20. FILED ... 19... Registrar.

MAR 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to March 24, 1933

I last saw him alive on Mar 23, 1933. Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-Pneumonia (from history)	5 days
Pulmonary Tuberculosis (from history)	1 yr.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. R. Geraghty M. D.

(Address) 2225 St. Paul St.

M. D. B. 1268-9

8867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88867

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Orleans St., 5-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Milburn

(a) Residence: No. 1320 Orleans St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Milburn

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Isaiah Clark

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Minnie Benson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Clark

(Address) 1320 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 3-27, 1933

19. UNDERTAKER Byron & Dramick Knight

(Address) 1218 E Eldersley St

R 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 23, 1933.

I last saw h[illegible] alive on Mar 22, 1933. Death is said to have occurred on the date stated above, at 1400 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart Disease	✓
Other contributory causes of importance: Acute Dilatation	3-22-33

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ✓

(Signed) J. Edward Fisher M. D.

(Address) 1612 E Monument

M. D. B. 1268-9

Irene Davis

88868 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88868

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 329 W Stuart St. 4-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Irene Lewis

(a) Residence: No. 329 W Stuart St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 16 1911

7. AGE: Years 23 | Months 2 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Arthur Davis

14. BIRTHPLACE (city or town) (State or country): West Virginia

15. MAIDEN NAME: Rosie Byrn

16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT: Rosie Byrn
(Address) 329 W. Stuart St

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Mem. Co.
Place Baltimore Date March 26, 1933

19. UNDERTAKER: Mrs. Katie R. Williams
(Address) 322 A Schroeder Ave

Filed MAR 25 1933 Katie R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 23 33

22. I HEREBY CERTIFY, That I attended deceased from March 13 1933 to Mar 23 1933

I last saw h... alive on Mar 24 1933 Death is said to have occurred on the date stated above, at 3 m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
10 Days	

Other contributory causes of importance:

Name of operation ....Nature.... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) J. C. Smith M. D.
(Address) ....

M. D. B. 1268-9

8869 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88869

CERTIFICATE OF DEATH X 172-001

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-04 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Devese

(a) Residence: No. Reisterstown, Md., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mrs. John Devese

7. DATE OF BIRTH (month, day, year) Oct 20, 1860

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Ret

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore County
(State or country)

13. NAME J. C Devese

14. BIRTHPLACE (city or town) Balt., County
(State or country)

15. MAIDEN NAME Mozier Kohbaugh

16. BIRTHPLACE (city or town) Baltimore City
(State or country)

17. INFORMANT Ed Devese
(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/20 19 33

19. UNDERTAKER Wm Berryman & Sons
(Address) Reisterstown, Md.

20. FILED ..... 19 ..... Registrar.

6 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22 . 1933 to 3-25 . 1933
I last saw him alive on 3-25 . 1933 Death is said to have occurred on the date stated above, at 0.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Obstruction (Intestinal)	
Other contributory causes of importance:	
Rt Lobar Pneumonia	

Name of operation Herniaplasty & Releasing Obstruction Date of 3/22/33

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Kaage, M. D.

(Address) Md. Gen. Hospital

M. D. B. 1262-9

E 88870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88870

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Winding Way St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Gary Hardie

(a) Residence: No. 1017 Winding Way St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Carley

6. DATE OF BIRTH (month, day, year) July 10 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER FATHER

13. NAME John T Hardie

14. BIRTHPLACE (city or town) (State or country) Ala.

15. MAIDEN NAME Anne Gary

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Harry Hardie

(Address) 1017 Winding Way

18. BURIAL, CREMATION, OR REMOVAL

Place New Orleans Date Mar 26 1933

19. UNDERTAKER Leon & Eugene Perkins Funeral Co

(Address) 1111 Calliope St New Orleans La

FILED MAR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1933 to March 25 1933

I last saw him alive on March 25 1933. Death is said to have occurred on the date stated above, at 6-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	1930
Chronic Nephritis	1930
Dilatation of Heart	1933
Gradual Heart Failure	
Other contributory causes of importance:	
Cerebral Arterio Sclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Gibson Porter M. D.

(Address) 4522 Roland Ave

M. D. B. 1268-9

88871

HEALTH DEPARTMENT—CITY OF BALTIMORE

88871

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 W. North Ave St., 15-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Hatzmar

(a) Residence: No. 3008 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Lorenz Hatzmar

6b. DATE OF BIRTH (month, day, year) June 13th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Conrad

(Address) 643 S. Bayard ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Mar 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] 19 [illegible] Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to March 24, 1933

I last saw h~~e~~r alive on March 24, 1933. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Denied Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Amshar M. D.

(Address) 1315 No. Charles St

pec.—0-30—A. & Co.—250 Bks

88872 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88872

CERTIFICATE OF DEATH. 46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. ST. 16-21 WARD)

2-FULL NAME Mrs. Margaret Graber

(a) RESIDENCE NO. 2824 - Brighton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Sebastian Graber

DATE OF BIRTH (month, day, and year) July 5th 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) Balto
(State or country) Md.

10 NAME OF FATHER George Raab

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Dierr

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

Informant Miss Theresa Graber
(Address) 2824 Brighton St

MAR 23 1933 Huntington, Indiana, R.F.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/33

17

I HEREBY CERTIFY, That I attended deceased from 3/13, 1933, to 3/25, 1933

that I last saw her alive on 3/25, 1933

and that death occurred, on the date stated above, at 1 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
& metastasis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 3/28 1933

20 UNDERTAKER J.H. Cook

ADDRESS 1219 E Lond St

H. D. B. 1268-9

3873 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88873

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1651 E. Monument St. 7-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Townsley

(a) Residence: No. 1651 E. Monument St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Townsley

DATE OF BIRTH (month, day, year) 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 46	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beals Island Maine

13. NAME OF FATHER William Tyler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Julia Milburn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilda Jones (daughter)
(Address) 1651 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Beals Island Md Date March 26 1933

19. UNDERTAKER Robert V. Williams
(Address) 1515 N. Eden St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1933 to March 22 1933.

I last saw her alive on March 22 1933. Death is said to have occurred on the date stated above, at 11 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	?
Other contributory causes of importance:	
Apoplexy	3/6/33

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Calvin Ishe Compton M. D.

(Address) 1113 N Caroline St

Spec.—8-24-14—M. & T.—2000 Bks.

E 88874 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88874

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5046 Reistert own Rd ST. 29-64 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas G Wailes

(Residence in Baltimore: No. 5046 Reisterstown Rd St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. White

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) ~~Married~~

6-DATE OF BIRTH. Sept 22 1870, 1 (Month) (Day) (Year)

7-AGE. 62 yrs. 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Retired Clerk (b) General nature of industry, business, or establishment in which employed (or employer). C

9-BIRTHPLACE. (State or Country). Calvert Co. Md.

PARENTS.

10-NAME OF FATHER. John P. Wailes

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co. Md.

12-MAIDEN NAME OF MOTHER. Mary Beckett

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Wailes

(Address) 5046 Reisterstown Road

15- 3-25-1933 Filed, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 3-24-1933 (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1930 191..., to 3-24-33 191..., that I saw him alive on 3-24-33 191..., and that death occurred, on the date stated above, at 9.40P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitstion

(Duration) 2 yrs. 8 mos. ds.

(Signed) [signature] M. D.

3-25-33, 191... (Address) 3400 Walbrook Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Providence Cem Gamberths | DATE OF BURIAL. Mar 27, 1933

20-UNDERTAKER. Harry A. Ammacost & Son | ADDRESS 1701 Pennsylvania Ave

M. D. B. 1268-9

88875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 88875

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 S. Clinton St. St., 26 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN ANTON GUNTNER.

(a) Residence: No. 944 S. Clinton St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Guntner.

6. DATE OF BIRTH (month, day, year) Nov. 23 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bakery. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME George Guntner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Schan

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Guntner (Wife)
(Address) 944 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Cem Date Mar. 28 1933

19. UNDERTAKER Lilly or Giles Inc.
(Address) 407 S. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch ... 1930 to Mch 23 1933.
I last saw him alive on March 29 1933. Death is said to have occurred on the date stated above, at 12:00 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Possibly—light work at Bakery.

(Signed) George A. Glantz M. D.

(Address) 3244 Eastern Ave.

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88876

8876

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3720 Claremont Ave. ST., 26-01 WARD)

2-FULL NAME ANNA M. GREBNER.

(a) RESIDENCE No. 3720 Claremont Ave. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (HUSBAND of or) WIFE of John Grebner.

DATE OF BIRTH (month, day, and year) Dec. 10 1874.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer) House-Work.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER William Zinkand.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John Grebner (Husband) (Address) 3720 Claremont Ave.

15 Filed MAR 26 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1933

17 I HEREBY CERTIFY, That I attended deceased from April 9 1928 to March 23 1933.

that I last saw her alive on March 23 1933,

and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal Disease

(duration) 4 yrs. 11 mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy & Cerebral Arteriosclerosis (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas W. Edmunds M. D.

, 19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Mar. 27 1933.

ADDRESS

20 UNDERTAKER Silby Leibrock 403 S. Wolfe St.

M. D. B. 1268-9

E 88877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88877

CERTIFICATE OF DEATH

51

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Harris

(a) Residence: No. 935 Brooks Lane St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lena Harris

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 3/26/33 19....

19. UNDERTAKER Jacob Levi Inc.

(Address) 1434 E. Balto St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/33. 19

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to March 29 1933

I last saw h alive on March 29th 1933. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lou Gehrig Sclerosis	
Carcinoma of Urinary Bladder c metastases	5/40

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Long Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H H Bogorad M. D.

(Address) Sinai Hospital

D. B. 1268-9

88878 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88878

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 25 yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Perlovsky

(a) Residence: No. Belvedere & Greenspring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) 1852

AGE. Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sigmund Feinblatt

(Address) Levindale

BURIAL, CREMATION, OR REMOVAL Levindale Cem. Date 3/26/33. 19

UNDERTAKER Hebrew Funeral Inc.

(Address) 439 E. Balto St.

FILED MAR 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to March 25, 1933

I last saw her alive on March 25, 1933 Death is said to have occurred on the date stated above, at 11.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3-24-33
Chr. Card. Valvular Disease	
Arteriosclerosis	

Other contributory causes of importance:

Blindness

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin M. D.

(Address) Levindale

D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88879 E 88879

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-23 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bluma Chernia

(a) Residence: No. 2808 Hilldale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Chernia

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry [illegible]

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harry Freidein
(Address) 2808 Hilldale Ave

17. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rondale Date March 26 1933

UNDERTAKER S. Levinson Bro
(Address) 1127 E Baltimore St

FILED [illegible] 1933 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Mar 25/33~~ . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 .....

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Hypertension	
Genl Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 506 E Monument

M. D. B. 1304
88880

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88880

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Sharp St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME BENJAMIN GLICK

(a) Residence: No. 611 S. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-24

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME DAVID Glick

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME SARA ? Glick

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT Morris Glick

(Address) same.

18. BURIAL, CREMATION, OR REMOVAL

Place Lefrak Washington Co. Md. Date March 26 1933

19. UNDERTAKER [illegible] E. Baltimore St.

(Address)

20. FILED [illegible] 1933 . 19 .. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20- , 1933 to 3-25 , 1933

I last saw him alive on 3-25- , 1933. Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the oesophagus	

Other contributory causes of importance:

Terminal Broncho-Pneumonia, Starvation due to obstruction.

Name of operation Gastrostomy Date of operation

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Samuel S. Glick M.D. M. D.

(Address) 3914 Park Hts. Ave.

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

178-001 E 88881

88881

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the 24-01 WARD)

CITY OF BALTIMORE: (No. South Baltimore General Hospital.

2-FULL NAME Joseph Schmidt.

(a) RESIDENCE NO 423 Sanders St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of Dorothy Schmidt.

6 DATE OF BIRTH (month, day, and year) October 22, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Leather cutter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER Christian Schmidt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Ellena Doster.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Caroline Jenter. (sister)
(Address) 1720 Riverside Drive. Trenton, N.J.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating gas poisoning.
Accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 423 Sanders St. March 25, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto W. Pennartt, M. D. Coroner

8/25/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 8/30 1933.

20 UNDERTAKER William Cook

ADDRESS 1217 St. Paul St

H. D. B. 1268-9

88882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88882

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 St. Anns Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Donohue

(a) Residence: No. 607 St Anns ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6. If married, widowed, or divorced: BUSBAND of (or) WIFE of James Donohue

DATE OF BIRTH (month, day, year) March 17 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home / Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Lawrence James —

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Catherine Brogan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Lawrence J Donohue
(Address) 607 St Anns Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date 3/28 1933

19. UNDERTAKER Wesner Lemmon
(Address) 464 Park Heights

20. FILED MAR 29 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26 1933 to Mar 26 1933

I last saw her alive on March 26. 1933 Death is said to have occurred on the date stated above, at 9 15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Indigestion	Mar 26 / 33
Other contributory causes of importance: Shock (nervous	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Raymond J. Tonry M. D.

(Address) 4114 North Ave

M. D. B. 1268-9

88883 E 88883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Jail St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Donohue

(a) Residence: No. 607 St. Ann's Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary —

6. DATE OF BIRTH (month, day, year): May 27, 1869

7. AGE: Years 63 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street Paver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: James —

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Aurelia Mason

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem. Date 3/28 19 33

19. UNDERTAKER: C. Vernon Lemmon
(Address) 4611 Park Heights Ave.

20. FILED 3-28 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-23-33

22. I HEREBY CERTIFY, That I attended deceased from 3-14 19 33 to 3-23 19 33

I last saw him alive on 3-23 19 33 Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism acute and chronic	1930

Other contributory causes of importance: Pellagra chronic ? Meningitis optic-mitral ? alcohol Bronchopneumonia 3-19-33

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

3-23-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 88884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88884

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1113 Morris ~~Alley~~ St. ..... Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavery Blackwell

(a) Residence: No. 1113 Morris ~~Alley~~ St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	34	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Linn Blackwell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Kate Brent

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mazie Blackwell
(Address) 1113 Morris ~~Alley~~ St.

18. BURIAL, CREMATION, OR REMOVAL
Place Evanlico Va Date 3-27 1933

19. UNDERTAKER Daniel Carbon
(Address) 816 Pennsylvania Ave

MAR 27 1933 FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21 1933 to March 24 1933
I last saw him alive on March 24 1933 Death is said to have occurred on the date stated above, at 4.35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/7 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? N/A Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ..... (Signed) ..... M. D.

(Address) 1913 Eutaw Pl

M. D. B. 1268-9

E 88885 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88885

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Vincent J. Poetz

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Nov 7, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Order

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Niagara Falls New York

FATHER

13. NAME Jacob Poetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Burns

16. BIRTHPLACE (city or town) (State or country) Niagara Falls N. Y.

17. INFORMANT Mt Hope Records
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsburg, Penna Date Mar 30/33 19

19. UNDERTAKER Stewart & Morgan Co.
(Address) 108 W. Mulberry St.

20. FILED 19 [illegible] Registrar.

R 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to March 26, 1933

I last saw him alive on March 25, 1933. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Sudden	
(Cardiac Hypertrophy)	
Other contributory causes of importance:	
Dementia	20 years
Hypertension	20 years

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Milton P. Hill, M. D.

(Address) Mt Hope Retreat

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

88886 E 88886

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 445 Frankleton Rd 20-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Temple

(a) Residence: No. 445 Frankleton Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Temple.

DATE OF BIRTH (month, day, year) July 25 1849

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
83	84	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown.

13. NAME Frederick Temple

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Priscilla Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm Jno Temple
(Address) 445 Frankleton Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Alta Vist Date 3-27 1933

19. UNDERTAKER H. J. Livingston & Co
(Address) Edmondson Ave

MAR 27 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22-33, 19....., to 3-23-33, 19.....
I last saw him alive on 3-22 1933, death is said to have occurred on the date stated above, at 6-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Arteriosclerosis Chr Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Benj Fr Cheney, M. D.

(Address) 4001 Parsons St

M. D. B. 1268-9

8887 070

HEALTH DEPARTMENT—CITY OF BALTIMORE 88887

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Park JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Brooks

(a) Residence: No. 715 School St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 24-1923

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abraham Brooks

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Carrie Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/27 19 33

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Prestman st.

[illegible] Registrar.

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1932 to 3-23-1933

I last saw her alive on 3-23-1933. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, hemoptysis	3/23/33
Tuberculosis, pneumonia & cavitation	
Tuberculosis of intestines, peritoneum, and Kidneys	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Barkford M. D.

(Address) Johns Hopkins Hosp.

Spec.—12-9-25—A Co.—200 Bks.

88888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 88888

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1021 N Cross St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August William Hook

(a) RESIDENCE NO. 1021 N Cross St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna Marie Hook

7 DATE OF BIRTH (month, day and year) Feb. 26th 1889

AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
44	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER Wm. Hook

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie A. Hemsley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Anna Marie Hook (Address) 1021 N. Cross St

15 Filed ..... 19 ..... 17 Registrar

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Mar 26, 1933

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to Mar 26, 1933, that I last saw him alive on Mar 26, 1933, and that death occurred, on the date stated above, at 12.04 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? None necessary

(Signed) I. Tracy Hicks, M. D.

3/27 19 33 (Address) 523 Wilcott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Date of Burial 3-29 1933

20 UNDERTAKER Bernard C Harle ADDRESS 1000 S Stace St.

1-30—M. & T.—100 B—50L

E 88889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88889

CERTIFICATE OF DEATH

REGISTERED NO. 169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD) 21-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Carson.

(a) RESIDENCE NO 720 W. Hamburg St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed or divorced HUSBAND of Grace Carson.

6 DATE OF BIRTH (month, day, and year) October 1, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	5	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer) 023
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Carson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Charlotta E. Hill.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Charlotta E. Carson. (mother)

(Address) 720 W. Hamburg St.

15 Filed MAR 27 1933, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Jumped from 2nd. story window of Hospital. Suicide while temporarily deranged. (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, Coroner, M. D.

3/24/33, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery. DATE OF BURIAL 3-27 1933

20 UNDERTAKER Bernard C Harke ADDRESS 1000 S Paca St

Spec.—1-12-23—M&T—500 Blks.

E 88890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88890

CERTIFICATE OF DEATH.

V 82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Beaumont Ave ST., 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Marshall Sr.

(a) RESIDENCE NO. 506 [redacted] Beaumont ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Marshall

6 DATE OF BIRTH (month, day, and year) Oct 18, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John E Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Suzan Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Marie Marshall

(Address) 506 Beaumont Ave

15 Filed ..... 19 ..... Huntington Williams Registrar

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1933

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1933, to March 25, 1933.

that I last saw him alive on March 25, 1933.

and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Hypertension - years.

Bronchopneumonia (durstion) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical examination

(Signed) Francis W. Gluck, M. D.

, 19 (Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Mar 27 19 33

20 UNDERTAKER George Schilling & Sons

ADDRESS Monument & Augusta

M. D. B. 1268-9

88891 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 88891

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of Hospital) Sydenham Hospital (Ward) 13-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Kane

(a) Residence: No. Home for Incurables St., Ward Parkville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 6, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Kane

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliz. Rothman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Alice Kane
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Parkland Date March 27 1933

19. UNDERTAKER Harry A. Smith
(Address) 401 E. Monument

20. FILED [illegible] 19 [illegible] Registrar.

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22 1933 to Mar 25 1933

I last saw her alive on Mar 25 1933 Death is said to have occurred on the date stated above, at 12 M p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	3/22/33

Other contributory causes of importance:

Acute Myocarditis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Zell M. D.

(Address) Sydenham Hosp.

Spec.—1-10-2t—M&T—1500 Blks.

E 88892

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88892

CERTIFICATE OF DEATH.

V 24

1-PLACE OF DEATH Kernans Hospital.

CITY OF BALTIMORE: (No.) Hillsdale; Balto. St. 19-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard, Granville Thornton

(a) RESIDENCE NO. 1715 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leonard Bellamy

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ruby Thornton

13 BIRTHPLACE OF MOTHER (city or town) Macon (State or country) Georgia.

14 Informant Hospital Records.

(Address)

15 Filed MAR 27 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24 1933

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to March 24, 1933.

that I last saw h in alive on March 24, 1933,

and that death occurred, on the date stated above, at 10 30/9 p m.

The CAUSE OF DEATH* was as follows:

Tuberculor Meningitis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis 3-4-5 lumbar vertebrae (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-ray

(Signed) Egbert H. Mortimer Jr. M. D.

, 19 (Address) Kernans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem. DATE OF BURIAL March 28 1933

20 UNDERTAKER Joseph A Sisky ADDRESS 1099 Mount St

M. D. B. 1268-9

88893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 8

E 88893

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 E Hamilton St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth H. Mitchell

(a) Residence: No. 2607 E Hamilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 28-1902

7. AGE: Years 30 | Months 2 | Days 25 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Social Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lonaconing Allegany Co. Md

FATHER

13. NAME: James H. Mitchell

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary E. Mugel

16. BIRTHPLACE (city or town) (State or country): Baltimore City

17. INFORMANT (Address): James H. Mitchell 2607 E Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL: Mitchell Burial Home Date 3/27 1933

19. UNDERTAKER (Address): Leonard Mayer 3748 Harford Rd

20. FILED 19 Registrar.

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 25, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1933, to Mar 25, 1933

I last saw h alive on Mar 21, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Toxaemia & Cardiac failure — Date of onset

Other contributory causes of importance: Scarlet Fever

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Simon M. D.

(Address) 4 703 E Monument Road

M. D. B. 1268-0

88894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88894

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH: Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette & Calhoun St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME: Baby Boy Lehmann

(a) Residence: No. 5514 Edna Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22-33

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm C. Lehmann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy G. Hunt

16. BIRTHPLACE (city or town) (State or country) Hyattsville Md

17. INFORMANT Wm C. Lehmann

(Address) 5514 Edna Ave

18. BURIAL, CREMATION, OR REMOVAL Woodland Mem Co Date 3-27 1933

19. UNDERTAKER Leonard Ruth

(Address) 5305 Harford Rd.

20. FILED ....19.... Registrar

3-27-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22-1933 to 3-25-1933

I last saw him alive on 3-25-1933 Death is said to have occurred on the date stated above, at 11.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity. Baby was ill and underdeveloped	
Cause unknown	

Other contributory causes of importance:

None	

Name of operation ——— Date of ———

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm C Lehmann M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88895

88895

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 N. Appleton St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Benjamin Baer

(a) Residence: No. 1626 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Baer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lesh

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Baer

(Address) 2000 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 3/27/33 19

19. UNDERTAKER Jack Lowin Inc

(Address) 1439 E. Baltimore St.

20. FILED MAR 27 1933 19 Huntington, W. Va. Registrar. N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1933 to March 27, 1933

I last saw h alive on March 27, 1933 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Senility.	

Other contributory causes of importance: Myocardial failure.

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan H. Shapiro M.D. M. D.

(Address) 351 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88896

CERTIFICATE OF DEATH

Registered No. 88896

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 N. Monroe St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Blacker

(a) Residence: No. 2328 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Esther

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Blacker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Hurwitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Louis Blacker
(Address) 2101 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date 3-27 1933

19. UNDERTAKER Jacob Levy Co.
(Address) 1934 Eutaw Pl.

FILED MAR 27 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933.

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1933 to March 26, 1933. I last saw him alive on March 26, 1933. Death is said to have occurred on the date stated above, at 5.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	

Other contributory causes of importance:

Myocarditis Fatty	
Uremia.	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan H. Spirit M. D.

(Address) 2351 Eutaw Place.

M. D. B. 1268-9

88897. **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88897

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ardeen Reinhart

(a) Residence: No. 710 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Reinhart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alverta Morgan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st.

20. FILED 19 [illegible]

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933 to March 26, 1933

I last saw him alive on March 26, 1933. Death is said to have occurred on the date stated above, at 7 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	? yrs
Chronic Myocarditis	? yrs

Other contributory causes of importance:

Name of operation Clinical findings Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Burns M. D.

(Address) Mercy Hospital

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88898

CERTIFICATE OF DEATH.

E 88898

1 PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1423 Mosher St. 16-01 WARD)

2 FULL NAME Arnold Washington

(a) RESIDENCE NO. 1423 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/24/1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Co.
(State or country) Va.

PARENTS

10 NAME OF FATHER Martin Washington

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Lula Carter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Lula Washington
(Address) 1423 Mosher St

15 Filed ..., 19 ... Registrar ...

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1933

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1933, to Mar 26, 1933

that I last saw h[illegible] alive on Mar 25, 1933

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary) /

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of /

Was there an autopsy? /

What test confirmed diagnosis? /

(Signed) R. W. Hatcher M. D.

3/27 1933 (Address) 1775 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Laurel

DATE OF BURIAL 3/29 1933

20 UNDERTAKER [illegible] Chevrolet

ADDRESS W. Laurel Md

M. D. B. 1268-9

E 88899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88899

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp 8-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Ellenberger (Lena)

(a) Residence: No. 2129 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married Widowed

5a. If married, widowed, or divorced (or) WIFE of George Ellenberger

6. DATE OF BIRTH (month, day, year) August 23rd

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 3/30 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Pulaski Sts Pennington Ave

20. FILED 19 Registrar

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16. 1933 to March 27. 1933

I last saw her alive on March 27. 1933 Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Acute Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kerrigan M. D.

3/27-33 (Address) St Joseph's Hosp

1-30—M. & T.—100 B—50L

E 88900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88900

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Pierce St. ST., 19-01 WARD)

2-FULL NAME Fannie Payne.(C)

(a) RESIDENCE NO 1631 Pierce St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If [redacted], widowed, [redacted]
(or) WIFE of Fennie Payne.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles Ennis.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Nancy Simms.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Daisy Cook.(C) niece.
(Address) 1709 Madison Ave.

15 Filed MAR 27 1933 19[illegible] [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.
(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Hinkhardt, M. D. Coroner

3/25/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn cem. DATE OF BURIAL March 28 1933

UNDERTAKER Joseph G Lively ADDRESS 409 N Mount St

M. D. B. 1268-9

88901 HEALTH DEPARTMENT—CITY OF BALTIMORE 88901

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Dora L. Murdock

(a) Residence: No. 245 West Biddle Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Claiborne Co, Miss.

FATHER

13. NAME Mr. John Murdock

14. BIRTHPLACE (city or town) (State or country) Claiborne Co, Miss.

MOTHER

15. MAIDEN NAME Miss Frances Bristol

16. BIRTHPLACE (city or town) (State or country) New Haven Conn.

17. INFORMANT Mrs. L. Murdock Dennis

(Address) 100 Upton Rd, Roslyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date March 28 1933

19. UNDERTAKER Henry J. Menkin & Co

(Address) Eutaw & Fayette Sts

20. FILED MAR 27 1933 H. Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-11— 1933 to 3-26— 1933

I last saw her alive on 3-26— 1933 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Carcinomatosis	(?)
Other contributory causes of importance: Pulmonary Edema	3-23-33

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

8902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 88902

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 N. Monroe St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Unverzagt

(a) Residence: No. 2008 N. Monroe St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Unverzagt

6. DATE OF BIRTH (month, day, year) Dec 28th, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Louis Unverzagt

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Anna Unverzagt
(Address) 2008 N. MOnroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/28/33. 19

19. UNDERTAKER F. B. Wippert
(Address) 1800 Eutaw Place

20. FILED ..... 19 ..... Registrar

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1-1932 to 3/25/1933

I last saw h.. alive on 3/24/1933. Death is said to have occurred on the date stated above, at 1. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Before

Other contributory causes of importance:

Myocarditis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) F. B. Wippert M. D.

(Address) 1820 Eutaw Place Baltimore

M. D. B. 1268-9

88903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88903

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Lyndhurst St. 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cleopka S. Black

(a) Residence: No. 520 N. Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Black

6. DATE OF BIRTH (month, day, year) Dec 21 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Robert Schmidt

14. BIRTHPLACE (city or town) (State or country) Austria

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry L. Black

(Address) 520 N. Lyndhurst

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 27, 1933

19. UNDERTAKER F. P. Kippert

(Address) 1310 Eutaw Place

MAR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1923 to March 23, 1933

I last saw her alive on Mar 23, 1933 Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Jan 1/33
Chr. Endocarditis	Feb 15/33

Other contributory causes of importance:

Name of operation Removal of Rt Breast Date of

What test confirmed diagnosis Microscopical autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Dilcutt M. D.

(Address) 521 Wrightwood

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88904

CERTIFICATE OF DEATH

E 88904

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Edmonson ave St., 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Josephine Arata

(a) Residence: No. 1705 Edmonson ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, ~~or Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Nicholas A. Arata

6. DATE OF BIRTH (month, day, year) Aug 18 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73.	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Luke Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Sherry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nicholas A. Arata
(Address) 1705 Edmonson ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 28th 1933

19. UNDERTAKER Fred. P. Hilgenberg & Son
(Address) 703 S. Hanover st.

20. FILED Jan 27 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1933, to 3-27 1933

I last saw ... alive on ... 19... death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral Regurgitation Chronic Myocarditis Hypertension	8 days
Other contributory causes of importance:	
Acute Pul Edema	1

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred Thayer M. D.

(Address) 1705 Edmonson ave

AACo. 5-31 250B

E 88905 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88905

CERTIFICATE OF DEATH

157-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Thames St., 15-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Franklin Dyson

(a) Residence: No. 1732 Thames St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank E. Dyson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gladys Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank Dyson
(Address) 1732 Thames St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/27 19 33

19. UNDERTAKER Paul A. Franklin
(Address) 703 S. Broadway

20. FILED MAR 27 1933 By Hilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 33

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1933 to Mar 25 1933

I last saw him alive on 3/24 1933 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Congenital Heart Disease	3/25/33

Other contributory causes of importance:

B	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. P. Emery, M. D.

(Address) 3845 Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8906 E 88906

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 225 Scott St. St. 21-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhemina S. Imhoff

(a) Residence: No. 225 Scott St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Geo Imhoff

6. DATE OF BIRTH (month, day, year) July 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wilhemina S. Imhoff Fred F. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Lesher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Imhoff

(Address) 225 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 29/33

19. UNDERTAKER Wilbur A. Shriver

(Address) 1430 Edmondson Av

20. FILED MAR 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1933 to 3/27/33 19.....

I last saw h.. alive on 3/24 1933. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Diff. Nephritis c Hypertension	
Other contributory causes of importance:	
Cerebral Apoplexy	2 dys

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leonard J. Levy, M. D.

(Address) 710 W. Lanvale

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 88907. HEALTH DEPARTMENT—CITY OF BALTIMORE E 88907

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N. Milton Ave. St. 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Wagner

(a) RESIDENCE NO. 703 N. Milton Ave ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Lawrence P. Wagner

6 DATE OF BIRTH (month, day, and year) Dec. 17th, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Joseph Kellner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Hommerbocke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Helen Blom

(Address) 611 N. Lakewood Ave.

15 Filed MAR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1932, to March 25, 1933, that I last saw her alive on March 24, 1933, and that death occurred, on the date stated above, at 2.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Frank N. Ogden, M. D

19 (Address) 270 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 3/28/ 1933

20 UNDERTAKER P. J. Fanning & Son - 1938 Lafayette Ave.

ADDRESS

M. D. B. 1268-9

E 88908 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 88908

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Shirley Ave St., 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar J. Fechner

(a) Residence: No. 2913 Shirley Ave St., 22nd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. Fechner

6. DATE OF BIRTH (month, day, year) March 2nd 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nicholas Fechner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret L. Fechner Wife
(Address) 2913 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Mar. 28 1933

19. UNDERTAKER Lilly & Feigley Inc.
(Address) 403 E. Fayette St.

Huntington Pittsburgh Pa.

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10th 1932 to March 25 1933

I last saw him alive on March 21 1933. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion from	
Toxaemia	
Other contributory causes of importance:	
Carcinoma of	
oesophagus	

Name of operation Gastrostomy Date of March 21 1933

What test confirmed diagnosis? Operation there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward Fenner M. D.

(Address) 4 E. Madison St

M. D. B. 1268-9

88909 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003

E 88909

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Dorkins

(a) Residence: No. 1241 Edyth St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) July 5 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

13. NAME Wm H Brown

FATHER

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bessie Hopkins

(Address) 1626 Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 3/27 ..., 19 33

19. UNDERTAKER Bernard F. Kenealy

(Address) 1 Hamilton Terrace

MAR 27 1933

Registrar. 3/26/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on June ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	chronic

Other contributory causes of importance:

Coronary Thrombus

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? Hist Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Fenlon M. D.

Coroner

(Address) 700 E Chase

M. D. B. 1268-9

Father Dr

E 88910 HEALTH DEPARTMENT—CITY OF BALTIMORE

Fr. Millett

CERTIFICATE OF DEATH

93-003

E 88910

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2027 Pulaski St. 15-01 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Siddall

(a) Residence: No. 2027 Pulaski St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert J Siddall

6. DATE OF BIRTH (month, day, year): Jan 14 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Charles E Morgan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Emily Kerr

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Alverda E Corley

(Address) 2027 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Thomas Date: March 28 1933

19. UNDERTAKER: H M Poulson

(Address) 2235 N. Monta Ave

20. FILED: MAR 27 1933 19 E. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 . 19 30 to March 25/33 . 19

I last saw her alive on March 24 . 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Apr 1930
Other contributory causes of importance:	
arterio-sclerosis	?
Hypertension	1928

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter D Dubbett . M. D.

(Address) 2220 Harlem Ave

AaCo. 5-31 250B

88911 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88911

CERTIFICATE OF DEATH

34

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2178 Oak St. 12-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa J Sloan

(a) Residence: No. 2178 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Read

6. DATE OF BIRTH (month, day, year) — — 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Farmville (State or country) Va.

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) ... (State or country) Va.
15. MAIDEN NAME Rosa Toff
16. BIRTHPLACE (city or town) ... (State or country) Va.

17. INFORMANT Ella Johnson
(Address) 2178 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Farmville Va. 3-27 1933

19. UNDERTAKER Bryon & Mamie V. Wright
(Address) 2201 McElderry St

FILED 3-27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/1933

22. I HEREBY CERTIFY, That I attended deceased from 3/27/33, to 3/24/33

I last saw ... alive on 3/23/33 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/24/33
Arterio-Sclerosis	
General (Probably Cardiac)	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Jones Carley M. D.
(Address) 1719 N. Carrollton

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88912

CERTIFICATE OF DEATH

131

E 88912

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 19-01 WARD)

2-FULL NAME Peter Litwin.

(a) RESIDENCE NO 1312 Hollins St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 45 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of Martha Litwin.

6 DATE OF BIRTH (month, day, and year) January 3, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER Peter Litwin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Eva Zelinski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania.

14 Informant Martha Litwin. (wife)
(Address) 1312 Hollins St.

15 Filed MAR 27 1933 By Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) ... yrs. ... mos ... da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1812 Hollins St. March 24, 1922

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Heinhardt, M. D. Coroner

8/25/33 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3/28 1933

20 UNDERTAKER Chas B. Kuhnacker — ADDRESS 637 Park Ave

M. D. B. 1268-9

E 88913 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88913

36

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward Collins

(a) Residence: No. 4107 Springdale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 14, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	9 10	20 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Bldg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME Edward J. Collins

14. BIRTHPLACE (city or town) Pa. (State or country)

MOTHER

15. MAIDEN NAME Agnes M. Imbach

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Mrs Agnes Lynch

(Address) 4104 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL

Place Newport News Cemetery. Date Mar 29, 1933

19. UNDERTAKER John F. Moran

(Address) 3000 E. Belto St.

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to March 25, 1933

I last saw h. I M alive on March 25, 1933 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic axillary infection	
Goldening abscess left thumb	
Septicemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred V. M. Dems M. D.

(Address) St Agnes Hos

1-30—M. & T.—100 B—50L

E 88914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88914

131

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Carey St. ST., 18-01 WARD)

2-FULL NAME Arthur E. Schaible.

(a) **RESIDENCE** NO 113 S. Carey St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Lillian C. Schaible.

6 DATE OF BIRTH (month, day, and year) October 5, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Elevator mechanic.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John Schaible.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Zimmerman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Lillian C. Schaible. (wife)

(Address) 113 S. Carey St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Schwarz Coroner, M. D.

3/25/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar 28 1933

20 UNDERTAKER A. S. Marshall ADDRESS 3537 Falls Rd

M. D. B. 1268-9

E 88915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88915

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2641 Dulaney St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Hudson

(a) Residence: No. 2641 Dulaney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Md

FATHER

13. NAME Abraham L. Hudson

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Annie E. Dobson

16. BIRTHPLACE (city or town) (State or country) Kent County Md

17. INFORMANT Abraham L. Hudson
(Address) 105 N. Bearing St

18. BURIAL, CREMATION, OR REMOVAL
Place Sandy Bottom Cemetery Date Mar 28 1933

19. UNDERTAKER George C. Supplee
(Address) 532 W. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933 to March 26, 1933

I last saw h.... alive on March 25, 1933. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute nephritis	

Other contributory causes of importance:

(2) Bronchio-pneumonia

(3) Acute dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 1200 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88916

E 88916

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S. Green ST. 27-9 WARD)

2-FULL NAME Emma Dietz

(a) RESIDENCE NO. 608 S. Green ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Dietz

6 DATE OF BIRTH (month, day, and year) Oct 9, 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
56	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Conrad Buettner

11 BIRTHPLACE OF FATHER (city or town) (State or country) germany

12 MAIDEN NAME OF MOTHER Barbara Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) germany

14 Informant John F. Dietz

(Address) 2016 Ramsay St.

15 Filed MAR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1933

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to March 26, 1933, that I last saw her alive on March 26, 1933, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension Uremia Acute Oedema of Lungs.

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Norbert C. Mitchell M. D.

19 (Address) 3151 Waltham Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL March 29 1933

UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light

FOR IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. R. 1268-9

88917 E 88917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Frederick Ave. St. 76-04 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence A. Baker

(a) Residence: No. 3337 Fredericks Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) Sept. 22 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. G. Moore

14. BIRTHPLACE (city or town) (State or country) No Carol.

MOTHER

15. MAIDEN NAME Budd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harry Baker
(Address) 3337 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/29/ 1933

19. UNDERTAKER C. Ryan Lemmon
(Address) 4611 Park Heights Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933 to March 27 1933.

I last saw her alive on March 27 1933 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs.
Arteritis	1 wk
Arteriosclerosis	3 years
Other contributory causes of importance: Acute Dilatation Heart.	2 hours

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. W. Bonelli M. D.

(Address) 3316 Frederick Ave

88918 ✓ E 88918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Luzern Ave. St., 1-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ludwik Kleszczewski

(a) Residence: No. 817 S. Luzern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Klesaczewski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Johann Kleszczewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Kleszczewska
(Address) 817 S. Luzern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Mch. 28. 1933

19. UNDERTAKER P. Bazurski
(Address) 1930 Eastern Ave.

20. FILED MAR 27 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1933 to March 24, 1933
last saw h.[illegible] alive on March 23, 1933 Death is said to have occurred on the date stated above, at 9. P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Myocardial Insufficiency	
Arteriosclerosis	
Hypertrophy Prostate	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edward Hammond M. D.

3/27/33 (Address) 2579 Eastern Ave.

A&Co. 5-31 250B

88919 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88919

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Michalsky

(a) Residence: No. Sinai Hospital St., ... Ward. Born Dead.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Edward Michalsky

14. BIRTHPLACE (city or town) Pittsburgh
(State or country) Penn.

MOTHER

15. MAIDEN NAME Anna Bolocki

16. BIRTHPLACE (city or town) Unstrutau
(State or country) Ohio

17. INFORMANT Anna Michalsky
(Address) 3 Sparrows Point Road

18. BURIAL, CREMATION, OR REMOVAL
Place J. Med. College Date Mar 27, 1933

19. UNDERTAKER Comptroller Book
(Address) Per W. E. Woodall
Huntingtown, Williams, Md.

MAR 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933 to March 27, 1933

I last saw h... alive on March 27, 1933 death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Archie Robert Crew, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 88920

88920 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Bruce St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Burke

(a) Residence: No. 1419 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 24, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) 1419 Bruce St.
(State or country) Baltimore Md.

FATHER

13. NAME Jack Burke

14. BIRTHPLACE (city or town) Washington
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Dorothy Taylor

16. BIRTHPLACE (city or town) Atlantic
(State or country) New Jersey

17. INFORMANT Mother
(Address) 1419 Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date Mar 27 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED MAR 27 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1933 to Mar. 25, 1933

I last saw him alive on Mar. 24, 1933. Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alexander Worley M. D.

(Address) 1516 Madison ave

M. D. B. 1268-9

E 88921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88921

CERTIFICATE OF DEATH

82-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Hawkins

(a) Residence: No. 501 Eilen St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Hawkins

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D. C.

FATHER

13. NAME Geo Hawkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Bowman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University Hosp Date May 27, 19 33

19. UNDERTAKER [illegible]

(Address)

20. FILED ..... 19 ..... Registrar

5-27-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933, to March 16, 1933

I last saw h[illegible] alive on March 16, 1933 Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Cerebral softening	3-11-33
Bronco pneumonia	3-14-33

Other contributory causes of importance:

Acute nephritis	
Hypertension	

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible] University Hospital

M. D. B. 1268-0

88922 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88922

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 34 Ward) Registered No. .....

Length of residence in city or town where death occurred 68 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Weems.

(a) Residence: No. 517 Brandon Ct. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	UNKNOWN.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-2-65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Samuel Weems.

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Martha Batson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Md. Date Mar 27 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 1933 [illegible] Registrar

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1930 to 3-22 1933

I last saw him alive on 3-22 1933 Death is said to have occurred on the date stated above, at 6.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicose Ulcer Right leg- hges	1900 ?
Other contributory causes of importance: Bilateral Broncho pneumonia.	3/21/33

Name of operation NO Date of NO

What test confirmed diagnosis? C.F. Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88923 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88923

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bolton City Hospital — Registered No. V 34

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Allen

(a) Residence: No. 107 N. Bond St., Boston Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Allen

6. DATE OF BIRTH (month, day, year) 6-2-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Greenwood Maxwell

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Emaline Crowder

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 27, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED MAR 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24-33

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1933 to 3-24, 1933

I last saw her alive on 3-24, 1933. Death is said to have occurred on the date stated above, at 4:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia pulmonitis	
Lung lesion	
Chronic nephritis	?
Vulvo Vaginitis (Luetic)	?
Other contributory causes of importance:	
Bronchopneumonia	3/17/33

Name of operation No Date of —

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaffner M. D.

(Address) Bolton City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

E 88924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88924

269 / 34

CERTIFICATE OF DEATH

V X 15

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Drumm

(a) Residence: No. 243 Baltimore ave St., ... Ward Drumdalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-20-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	957	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sam Drumm

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Catharine Arbutus

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Md Lalley Date May 27 19 33

19. UNDERTAKER [illegible]

(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933 to March 19, 1933

Last saw her alive on March 19, 1933 Death is said to have occurred on the date stated above, at 8 30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	3-18-33
Peritonitis	3-18-33

Other contributory causes of importance:

Erysipelas	3-11-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward F. Mahan M. D.

(Address) Johns Hopkins Hosp.

M. 88925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88925

CERTIFICATE OF DEATH

Registered No. 1597

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Bruce

(a) Residence: No. 1533 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provident Hospital

FATHER

13. NAME Baby Bruce

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude Scott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Date Mar 3 19 33

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MAR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 22 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 - 22, 1933 to 3 - 22, 1933

I last saw h... alive on 3 - 22 1933 Death is said to have occurred on the date stated above, at 4 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W B Bullock M. D.

(Address) Provident Hospital

M. D. R. 1268-9

38926 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38926

V 36

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 4-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Bradley

(a) Residence: No. 213 W Fremont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Richard Bradley

14. BIRTHPLACE (city or town) (State or country) Balt City

MOTHER

15. MAIDEN NAME Margett Williams

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

17. INFORMANT Margett Bradley
(Address) 213 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Leisure Cem Date 3/29/33

19. UNDERTAKER Robert Williams
(Address) 1515 McElderry St

20. FILED MAR 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933 to March 26, 1933

I last saw her alive on March 26, 1933. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (undetermined origin)	Birth

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Stiggins M. D.

(Address) Provident Hospital

Spec.—1-12-23—M&T—500 Bks.

E 88927

E 88927 HEALTH DEPARTMENT—CITY OF BALTIMORE

Handschuh

E 88927

CERTIFICATE OF DEATH.

159 W Dupont Road

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Albemarle 1125 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Oswald Ellen Handschuh

(a) RESIDENCE NO. Albemarle St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): August 4/12 md

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: no; Months: no; Days: 1 hr.; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspect - 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Oswald Handschuh

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Ellen Goodrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address)

15 Filed [illegible] 19 [illegible] Registrar

R 27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1933

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1933, to March 26, 1933, that I last saw he ~~alive~~ on March 27, 1933, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth

4 1/2 (mo)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? August 4 1/2 md

(Signed) R J Williams, M. D.

March 27, 1933 Address 208 Holland Lane Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: March 27 1933

20 UNDERTAKER

ADDRESS

[illegible] Health

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88928

E 88928

CERTIFICATE OF DEATH

REGISTERED NO. 26

1—PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1009 Riversdale Ave WARD) 24-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Clarence Harrison Seward

(a) RESIDENCE NO. 1009 Riversdale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2- 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer Marine

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John A. Seward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Raymond Seward

(Address) 1009 Riversdale Ave

15 [illegible] Huntington Ave

27 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27-1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to March 27, 1933

that I last saw him alive on March 27, 1933

and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary infection

Tuberculosis infection (duration) [illegible] mos. 3 ds.

18 Where was disease contracted if not at place of death? Terminal Pneumonia

Did an operation precede death? yes Date of 1932

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. W. Walker, M. D.

19 (Address) 827 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL March 30 1933

20 UNDERTAKER J. Howard Evans ADDRESS 3806 Fort Ave

88929 E 88929

271059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maud Snead

(a) Residence: No. Ada Okla. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orville

6. DATE OF BIRTH (month, day, year) 11/13/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	52	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME J W McCollum

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Elizabeth Orr

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Ada Okla. Date 3/27 1933

19. UNDERTAKER W M Cook
(Address) 1219 E Cold St

20. FILED [illegible] Register.

R 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1933 to March 27, 1933

I last saw her alive on March 27, 1933. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	June
Malignant glioma	1932
Other contributory causes of importance:	
Int operative pneumonia	March 27

Name of operation Craniotomy Date of 3-24

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Kerr Lace M. D.

(Address) J H H

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88930

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

107-009 E 88930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 W. Fayette St. 70-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Rumsey Young Jr

(a) Residence: No. 2204 W. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 12 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Rumsey Young

14. BIRTHPLACE (city or town) Granite (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Elsie Clara Bliler

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Charles Turnbull Young

(Address) 2321 Tudor ave. Hillsdale

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 28 . 1933

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED Mar 28 1933 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 . 1933 to Mar 25 . 1933

I last saw him alive on Mar 25 . 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tonsilitis	Mar 22-33
Other contributory causes of importance:	
Bronchio-pneumonia	1 day

Name of operation ~ Date of ~

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T T Kyle M. D.

(Address) 3321 Tudor ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88931

88931

CERTIFICATE OF DEATH.

164-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5116 Craig Ave. St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Doris Cole

(a) RESIDENCE NO. 5116 Craig Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Thompson

6 DATE OF BIRTH (month, day, and year) September 4, 1913

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph H. Cole

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen N. Stoffregen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Dr. Harry P. Clifton

(Address) 2905 Overland Ave.

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning-Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Turned on all burners of gas range in kitchen in residence ds.

(Signed) J. J. Mullen, M. D. (Coroner)

3/31/33 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govans Presbyterian Cemetery Date of Burial March 28 19 33

20 UNDERTAKER Joseph H. Cook ADDRESS 1003 West Baltimore

MAR 27 1933

OF DEATH in plain terms, so that it may be properly classified. Fake statement of OCCUPATION very important. See instructions on back of certificate.

M. D. R. 1268-9

88932

HEALTH DEPARTMENT—CITY OF BALTIMORE

88932

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 N. Fulton Ave. St. 16-01 Ward)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Paper,

(a) Residence: No. 1136 N. Fulton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna D. Paper,

6. DATE OF BIRTH (month, day, year) November 22. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	79	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R. 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Paper,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Stott,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Irene E. Paper
(Address) 1136 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 28 1933 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED MAR 27 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 26 1933 19

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1933 to March 26, 1933

I last saw h.. alive on March 26, 1933. Death is said to have occurred on the date stated above, at 4.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart	
Arterio Sclerosis -	
Apoplexy -	
Other contributory causes of importance:	
Interstitial nephritis	
Arterial Sclerosis -	
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) J. Thomas Fulton M. D.
(Address) 1001 N Fulton ave

M. D. B. 12684

88933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88933

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Calvin E. Fisher

(a) Residence: No. 2521 Emerson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen E. Fisher

6. DATE OF BIRTH (month, day, year) June 23/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 03!

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. May Oil Burner Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. E. Fisher

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mamie G. Stifler

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Helen E. Fisher

(Address) 2521 Emerson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date March 28, 1933

19. UNDERTAKER Charles J. Schwaty

(Address) 505 N. Monroe St.

20. FILED MAR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12.45 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Otitis Media	Mar 17/33?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. L. Ellis M. D.
Coroner

(Address) 501 E. North Ave

Spec —1-30—M. & T.—250 Bks.

88934 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 88934

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1612 Westwood Ave (ST.) 15-01 (WARD)

2-FULL NAME Henry Nelson Waters

(a) RESIDENCE NO. 1612 Westwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie J. Waters

6 DATE OF BIRTH (month, day, and year) July 31, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co
(State or country) Md

PARENTS
10 NAME OF FATHER Wm. Waters
11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)
12 MAIDEN NAME OF MOTHER Charity Thomas
13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Nelson J. Waters
(Address) 1612 Westwood Ave.

15 Filed MAR 27 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to March 24, 1933,
that I last saw him alive on March 24, 1933,
and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiorenal Vascular Complications (duration) ... yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary) Paralysis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Williams, M. D.
3-27, 1933 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Frederick, Md — DATE OF BURIAL 3/20/1933

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 163 N. Dimock St

Spec—9-30—A & Co—250 Blks

88935

E 88935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3213 Guilford Ave (St.) 17-01 (Ward)

2-FULL NAME Emma Melville Buckingham

(a) RESIDENCE No. 3213 Guilford Ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Alfred T Buckingham

6 DATE OF BIRTH (month, day, and year): Oct 6 1855

7 AGE: Years 77 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Isaac Shanck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Melville Buckingham

(Address): 3213 Guilford Ave

15 Date: MAR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27-1933

17

I HEREBY CERTIFY, That I attended deceased from June, 19 28 to March 27, 19 33

that I last saw her alive on March 26, 19 33

and that death occurred, on the date stated above, at 9 a m

The CAUSE OF DEATH* was as follows:

arteriosclerosis, coronary and cerebral

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) thrombosses veins legs, rt recurrent, lt simple (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical laboratory methods

(Signed) Frankl R Smith, Jr. M. D.

3/27 19 33 (Address) 927 N Calvert Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dyer Lodgement

DATE OF BURIAL: Mar 29 33

20 UNDERTAKER: Bertram & Co

ADDRESS: 2324 Charles St

TION is very important. See instructions on back of certificates.

A&Co. 5-31 2508

88936

HEALTH DEPARTMENT—CITY OF BALTIMORE

88936

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. Charles & 31st. St. 17-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alida M. Leach

(a) Residence: No. Homewood Apts. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Benjamin H. Leach

6. DATE OF BIRTH (month, day, year) Nov. 24. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Remsenburg, L. I.

FATHER

13. NAME J. Tuthill

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Charlotte Halsey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs G. Harry Barnes
(Address) Homewood Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Ceme Date Mch 28. 1933

19. UNDERTAKER Tu Rea & Sons Chas
(Address) 424 N. Broadway.

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1932 to March 25 1933

I last saw her alive on Mch 25 1933 death is said to have occurred on the date stated above, at 10:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian Cancer	
about 1 yr. ago	

Other contributory causes of importance:

Cachexia, Myocarditis

Name of operation None Date of ...

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Julius Friedmann, M. D.

(Address) 1013 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88937 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88937

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. V. Ihle

(a) Residence: No. 2610 Llewelynn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3/1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Fred W. Ihle

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Marie E. Zeller

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Fred W. Ihle
(Address) 2610 Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date March 28 1933

19. UNDERTAKER John C. Miller
(Address) 2355 E. Monument St

20. FILED MAR 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26/33. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Bronchopmeumonia	
Dead on arrival-Harriett Lane	

Other contributory causes of importance:

Prematurity- 8 mons gestetion	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88938 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88938

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Walbrook Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Gessler

(a) Residence: No. 3312 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of William H. Gessler

6. DATE OF BIRTH (month, day, year) July 18th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael McGuiness

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Frank Rollman

(Address) 2203 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 29th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 27 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933 to March 26, 1933

I last saw her alive on March 25, 1933. Death is said to have occurred on the date stated above, at 2.55a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	3/10/33
Other contributory causes of importance: Arteriosclerosis	1932
Myocarditis	1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88939

88939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH Balto City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick McDonough.

(a) Residence: No. 2916 Rosalind ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary McDonough

6. DATE OF BIRTH (month, day, year) 12/4/1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) Jan 1930

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME James McDonough

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Donolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1933 to 3-26 1933

I last saw h.. alive on 3-26 1933 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma Urinary Bladder -	2
Chronic Nephritis -	1
Arteriosclerosis -	ow
Prolapse rectum -	
Other contributory causes of importance:	
Uremia -	3-20-33

Name of operation ..... Date of .....

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Greene Slaughter M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-3

E 88940

E 88940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 22-01 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hughes

(a) Residence: No. 828 Light St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ellen Hughes unknown

6. DATE OF BIRTH (month, day, year) July 3rd 1862 unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71 70	72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 011

10. Date deceased last worked this occupation (month and year) Mar 1933

11. Total time (years) spent in this occupation 50 yr.

12. BIRTHPLACE (city or town) (State or country) Balto Maryland.

FATHER

13. NAME Geo W. Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rachel unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo W. Hughes Records.

(Address) 17 Wallis Ave Mardenville N. J.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/29/33

19. UNDERTAKER Wm Cook (Address) 1217 E Lombard St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23 1933 to Mar 26 1933

I last saw ~~him~~ alive on Mar. 26 1933 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	March 26.

Other contributory causes of importance:

Arteriosclerosis	
Emphysema	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Schwartz M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88941

CERTIFICATE OF DEATH

E 88941

1. PLACE OF DEATH Md. General Hosp. 13-0115 Registered No. 115-33

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Ivan R. Myers

(a) Residence: No. 3502 Eland Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Mrs. Effie Myers.

6. DATE OF BIRTH (month, day, year) Oct. 22/1892.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Jacob Myers

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date 3/29/1933

19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.

20. FILED MAR 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/1933

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1933, to 3-27 1933

I last saw h[illegible] alive on 3-27-33, 19..... Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ludwig's Angina	3-14-33
Septicemia	3-20-33?

Other contributory causes of importance:

Incision & drainage of Neck — Date of 3-18-33

Name of operation Cellulectomy Elmer — Date of 3-22-33

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. D. Hayes M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fatal accidents, suicides, and homicides must be reported to the Coroner. See instructions on back of certificate.
OCCUPATION is very important.

E 88942

M. D. B. 1268-9

88942 513

270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sally Sharpes

(a) Residence: No. 1707 Ellsworth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jordan Sharpes

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Odelia Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 28 1933

19. UNDERTAKER Mrs R G Elliott
(Address) 1129 N Caroline st

20. FILED ..... 19 ..... Registrar

~~Mar 28 1933~~ Hunting Park, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933 to Mar 25, 1933

I last saw her alive on Mar 25, 1933. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/2/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Edw F Miller M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 88943 E 88943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1110 to Brantley ave. ST. 16-A (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Estella Travers.

(a) RESIDENCE NO. 1006 Brantley ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Travers.

DATE OF BIRTH (month, day, and year): May 1894

7 AGE — Years: 38 — Months: 10 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work. 037

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic.

(c) Name of employer: C. Payne.

9 BIRTHPLACE (city or town) (State or country): West River Md.

PARENTS

10 NAME OF FATHER: George Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sophia Peters.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Jarvis Travers.

(Address): 1006 Brantley ave

15 Filed 19

Mar 28 1933 Huntington Printing Co., Balto.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/26/33.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 2nd, 1933, to Mar. 26th, 1933.

that I last saw her alive on 3/26, 1933

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis with Endocarditis.

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) F. T. Gusson, M. D.

19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 3/29 1933

20 UNDERTAKER: Thomas E. Kelam

ADDRESS: 1303 Presstman St

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 88944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88944

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Pinewood St., 27-01 Ward)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sabina Estelle Auld

(a) Residence: No. 3804 Pinewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert H. Auld

6. DATE OF BIRTH (month, day, year) April 3 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles R. Ridgely

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie E. Baker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Herbert H. Auld
(Address) 3804 Pinewood

18. BURIAL, CREMATION, OR REMOVAL
Place Lakewood Date March 28 1933

19. UNDERTAKER H. M. Routzahn
(Address) 223 E. Monument

20. FILED MAR 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 33

22. I HEREBY CERTIFY, That I attended deceased from March 12. 1933. to March 26. 1933

I last saw her alive on March 26 1933. Death is said to have occurred on the date stated above, at 9.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/26/33
Other contributory causes of importance: Pneumonia Lobar	3/12-33

Name of operation ... none ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Fred L. Zimmerman M. D.

(Address) 3808 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

E 88945 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88945

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2015 Christian St 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Wolf Goldstein Berman

(a) Residence: No. 2015 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer

6. DATE OF BIRTH (month, day, year): 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Solomon Shulmowitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Hilda

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Phillip Wolf

(Address): 1251 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Friendship Date: March 28 1933

19. UNDERTAKER: S Levinson Bro

(Address): 1127 E Baltimore St

20. [illegible] Stockton Williams, M.D.

MAR 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1933 to 3/27, 1933

I last saw her alive on 3/27, 1933 Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1932

Other contributory causes of importance:

Acute cardiac dilatation	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Muller, M. D.

(Address) 820 20 Wilkens Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88946

CERTIFICATE OF DEATH

V. 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 27-21

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 60 yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Stern

(a) Residence: No. Belvedere & Greenspring Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME .....
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sigmund Stallard
(Address) Levindale

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Date 3-28- 1933

19. UNDERTAKER Jacob Levine Sons
(Address) 1732 E. Baltimore St.

20. FILED MAR 28 1933 Huntington Pilchuck M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15 , 1931 , to 3-27 , 1933

I last saw him alive on 3-27 , 1933 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Hypertension	
Arteriosclerosis	
Bronchopneumonia	3-22-33

Other contributory causes of importance:
Large scrotal hernia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H Edmund Heorn M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88947

E 88947

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mooyer

(a) Residence: No. 2203 Mayfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry A. Mooyer

6. DATE OF BIRTH (month, day, year) Oct 26/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Nickolas Kress

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret -------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Louis Becker
(Address) 1714 Chilton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/28/33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

MAR 28 1933 [illegible] Registrar.
FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Fracture neck right femur	Mar 18/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury 3/28/33
Where did injury occur? 2203 Mayfield Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home. Fell to floor when arising
Manner of injury from bed.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

88948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88948

93-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH St. Marys Star of the Sea Church.

CITY OF BALTIMORE: (No. Riverside Ave & Clement St. WARD 24-01

2-FULL NAME John J. Donnelly.

(a) RESIDENCE No 1607 Jackson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX Eva L. Donnelly.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam Fitter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Donnelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine McElroy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Eva L. Donnelly. (wife)

(Address) 1607 Jackson St.

15 MAR 28 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

8/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Star of the Sea Cem

DATE OF BURIAL 3/29 1933

UNDERTAKER P. J. Carey Sons

ADDRESS 1318 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88949

CERTIFICATE OF DEATH

E 88949

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Fulton Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Seligman

(a) Residence: No. 1704 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30, ~~1859~~ JK

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 ~~73~~	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME Henry Seligman

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Minna Guggenheimer

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. John J. Mendes

(Address) 1704 N. Fulton Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Har Sinai Cem. Date Mch. 30, 19 33

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/2/32, 19 ..... to 3/28, 1933

I last saw h im alive on 3/28, 19 33. Death is said to have occurred on the date stated above, at 5:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3/1/33
Chronic myocarditis	1932
Senile arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ? ..... Was there an autopsy ? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ? ..... Date of injury ..... 19 .....

Where did injury occur ? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ?

If so, specify .....

(Signed) Rozumberg, M. D.

(Address) 2320 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

88950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88950

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Joel Strauss

(a) Residence: No. 2436 Callow Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Solomon Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr E. Strauss

(Address) 2436 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Meb. Cem. Date Mch. 29 1933

19. UNDERTAKER David Goodman & Son

(Address) 1962 Eutaw Place

20. FILED MAR 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/13 1933 to 3/28 1933

I last saw h... alive on 3/28 1933 Death is said to have occurred on the date stated above, at 2:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sen. Arteriosclerosis	
Hypertension	
Chronic Nephritis	
Uremia	3/13

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) David E. Bozrad M. D.

(Address) Sinai Hospital.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 88951 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88951

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE

6. DATE OF BIRTH (month, day, year) 7-19-94

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Alexander Berge

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Molly Wemberger

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records
(Address)

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL

Place Kansas City Mo Date Mch. 28 1933

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eastern Ave

20. FILED [illegible] Registrar

MAR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932 to March 27 1933

I last saw h[illegible] alive on March 27 1933 Death is said to have occurred on the date stated above, at 4 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis & Laryngeal tuberculosis	1932?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph G. Hills M. D.

(Address) Johns Hopkins Hospital Balto Md

Information should be carefully supplied. Any blanks must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 88952 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88952

CERTIFICATE OF DEATH.

92-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3643 Chestnut Ave St. 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jefferson D. Baggerly

(Residence in Baltimore: No. 3643 Chestnut Ave St.; yrs. 72 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.)
male	white	widower

6-DATE OF BIRTH. March 29, 1860 (Month) (Day) (Year)

7-AGE. 72 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE. (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Samuel Baggerly.

11-BIRTHPLACE OF FATHER. (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Baggerly

(Address) 903 W 34½ St.

15- Filed MAR 28 1933 Registrar. Hattie M. Willis

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 27, 1933 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Rosenau M. D. (Coroner)

3/27 1933 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Hampden — DATE OF BURIAL. Mar. 29, 1933

20-UNDERTAKER. Chas. Sowers & Son — ADDRESS 3615-17 Chestnut Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

88953 E 88953

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3609 Mohawk Ave St., 28-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George T. Ames

(a) Residence: No. 3609 Mohawk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sallie T. Ames

6. DATE OF BIRTH (month, day, year): June 24 - 1855

7. AGE: Years 77 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Commission Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER
13. NAME: Richard W. Ames
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Susan Chandler
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Sallie T Ames
(Address) 3609 Mohawk

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Date: March 29 1933

19. UNDERTAKER: Fisher & Sons
(Address) Fenno & Wall

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933 to March 26, 1933

I last saw him alive on March 26 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 16 33

Other contributory causes of importance:
Angina Pectoris
In Dec 1926.

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Evans M. D.

(Address) 612 Equitable Bldg

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88954 E 88954

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Length of residence in city ~~[illegible]~~ where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~[illegible]~~ John William Frank

(a) Residence: No. 3215 Dorchester Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec 19 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ | 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME H. E. Frank

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Dorothy Keener

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Hospital Records
(Address) Md. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date May 29, 1933

19. UNDERTAKER [illegible] Sisler Bros.
(Address) Balto

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 27 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-24 , 1933 to 3-27 , 1933

I last saw him alive on 3 - 27 , 1933 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt	3-23

Other contributory causes of importance:

Myocardial Failure	3-27

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
(Address) Md. General Hospital

Information sought is entirely confidential. Note should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 8 1933

M. D. B. 1268-9

88955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88955

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Forest Park Ave 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Harkins

(a) Residence: No. 3615 Forest Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Harkins

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ? Spencer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Effie Hearn

(Address) 3615 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar. 30 1933

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Paves.

20. FILED MAR 30 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to March 27, 1933

I last saw her alive on March 26, 1933. Death is said to have occurred on the date stated above, at 8.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4 days

Other contributory causes of importance:

High Blood Pressure & Hardening of Arteries 2 yrs

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? not If so, specify —

(Signed) A. C. Hearn, M. D.

(Address) 3615 Forest Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88956 HEALTH DEPARTMENT—CITY OF BALTIMORE 88956

CERTIFICATE OF DEATH

89-002

1. PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Master Elmer Pearson Jr.

(a) Residence: No. 509 N. Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 11 - 1926

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Elmer Pearson

14. BIRTHPLACE (city or town) Balt. Md (State or country)

MOTHER

15. MAIDEN NAME Elsie Hands

16. BIRTHPLACE (city or town) Balt. Md (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Ave Date May 3 1933

19. UNDERTAKER L. J. Sieburg & Sons (Address) Forest Pk

20. FILED ..... 19 ..... Registrar.

MAR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21-33, 19..., to 3-28, 1933

I last saw him alive on 3-28, 1933. Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Bilateral Mastoiditis	

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 3-18-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Pearce M. D.

(Address) Md. General Hospital

Information should be carefully supplied. All blanks should be filled. If unknown, state so. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88957

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 N. Fulton Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Carter Adams

(a) Residence: No. 644 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug. 19, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector & Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life Ins Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21 yr

12. BIRTHPLACE (city or town) (State or country) York Co Va

FATHER

13. NAME Wm J Adams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Crafford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Catherine A. Foster

(Address) 3218 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va. Date May 28 1933

19. UNDERTAKER Wm Hickey & Sons Hood & Dryden.

(Address)

20. FILED 6 1933 Hattie Tribbitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933 to date of death 1933

I last saw h alive on May 27 1933 Death is said to have occurred on the date stated above, at 9.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's disease	
Hypostatic Pneumonia	
Contributory Causes of importance:	
Senile Decay	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Wm Lindsay Lee M. D.

(Address) 827 N Fulton Ave

INFORMATION should be carefully supplied. Age should be stated in YEARS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 88958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88958

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Jenkins Memorial Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave St., [illegible] Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clark

(a) Residence: No. 1000 Caton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 yrs.		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bridget O'Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 3/29/ 19 33

19. UNDERTAKER Harry H. Nitzke
(Address) 401 E. Monument Ave

20. FILED [illegible] 19 [illegible]
Registrar.

MAR 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 32 to March 27 th 1933

I last saw h.. alive on March 26 1933 death is said to have occurred on the date stated above, at 8:55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degen.	
Outgrow Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Alva Vaden, M. D.

(Address) 27 Agnes Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88959

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Myrtle Ave 14-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Cain

(a) Residence: No. 1507 Myrtle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married~~, ~~widowed~~, or divorced ~~HUSBAND~~ of (or) WIFE of Ely Keeny

6. DATE OF BIRTH (month, day, year) Sept 14th 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Liberty Town (State or country) Md

FATHER

13. NAME Thomas Cain

14. BIRTHPLACE (city or town) Thurmont (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Cain

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs Wm S. Willan

(Address) 1507 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED Huntington Williams MD Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1930, to Mar 28, 1933

I last saw h.. alive on Mar 26, 1933 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. William Frey, M. D.

(Address) 1425 Penna Ave

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-a

88960

HEALTH DEPARTMENT—CITY OF BALTIMORE

88960

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Harlem Ave St. 16-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara E. Wolf

(a) Residence: No. 2313 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of D. Elmer Wolf

6. DATE OF BIRTH (month, day, year) Jan 31st 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mapleville Md

FATHER

13. NAME John Fahrney

14. BIRTHPLACE (city or town) (State or country) Mapleville Md

MOTHER

15. MAIDEN NAME Margaret Faulders

16. BIRTHPLACE (city or town) (State or country) Boonsboro Md

17. INFORMANT Edgar R. Wolf
(Address) 2313 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Cemetery Hagerstown Md Date Mar 29th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23rd 1933 to Mar. 26 1933

I last saw h[illegible] alive on Mar. 26 19[illegible]. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Isaac C. Jackson M. D.

(Address) 2035 N. North Ave

E

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88961

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N Paca St. 4-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William D. Patterson (alias Frank Johnson)

(a) Residence: No. 408 N. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 23-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Fireman on

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Newark Shop 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford City Va

FATHER

13. NAME Daniel Patterson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Elizabeth Patterson
(Address) 3768 Rockhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date 3/29/33

19. UNDERTAKER William Goode
(Address) 1217 E Fort Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by illuminating gas,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury Turned on burners of gas stove

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lorraine Zeller Coroner, M. D.

(Address) 873 Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Myers Ephraim 1904 E. Balto St Nov 6 1877

E 88962 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88962

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N. Washington St 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vivian C. Becker

(a) Residence: No. 134 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm T. Becker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine M. Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Catherine Becker

(Address) 134 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933, to March 28, 1933

I last saw h[illegible] alive on March 24, 1933 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Ephraim M. D.

(Address) 1904 E Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Wright 1010 Elwood Ave Wolf 1688 ✓

E 88963

88963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S. Lehigh St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Connor

(a) Residence: No. 620 S. Lehigh St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of the late Martin Connor

6. DATE OF BIRTH (month, day, year) Jan 6th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Simons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Gertrude Devalin

(Address) 620 S. Lehigh st

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 31st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from several years 19... to March 19...

I last saw h.. alive on March 27, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	Mch 24
Loss of Compensation	
Pneumonia	March 27

Other contributory causes of importance:

Cardiac hypertrophy mitral insufficiency	3 yrs 6 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Elwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 88963

M. D. B. 1268-9

Schulte

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88964

CERTIFICATE OF DEATH

E 88964

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hos (St.) 27-01 (Ward) 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerome Schulte

(a) Residence: No. 2703 Halcyon Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel L. Schulte

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years 65 Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Loveland

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mulgrew

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ethel L. Schulte

(Address) 2703 Halcyon Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date March 31 1933

19. UNDERTAKER Henry Hoeck Sons Inc

(Address) 1301 E Eager St

20. FILED MAR 29 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Sudden	
Other contributory causes of importance: Fractured Femur	
Fall on floor over carpet in home	Mar 7-1933

Name of operation ... Date ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. C. Funk Coroner M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

88965

CERTIFICATE OF DEATH

E 88965

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Bond St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Burkhardt.

(a) Residence: No. 1523 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Margaret Middendorf

(Address) 1523 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy Date Mar 29 1933

19. UNDERTAKER Henry Hoeck Sons Inc

(Address) 130 E. Eager St.

20. FILED ... 19 ...

MAR 29 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Mch 26 1933

I last saw her alive on Mch 26 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Mch 23 1932
Other contributory causes of importance: Edema Lungs	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North av

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88966

HEALTH DEPARTMENT—CITY OF BALTIMORE 88966

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Pelham ave St., 8-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Philomena Decker

(a) Residence: No. 2231 Pelham ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 88	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis Decker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Hollman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Mamie C. Fisher

(Address) 2231 Pelham ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date March 30, 1933

19. UNDERTAKER Henry Koch Sons Inc

(Address) 1301 E Eager St.

CORRECTED 19 Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Mar 27, 1933

I last saw h[illegible] alive on Mar. 27, 1933. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	3/26/33
Other contributory causes of importance:	
Senility.	

Name of operation Date of No

What test confirmed diagnosis? Symp. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Campbell M. D.

(Address) 2701 Roland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88967

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 11-01 (Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Tiedewell

(a) Residence: No. 1305 Loudon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Mary Smith

(Address) 1305 Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carlen Cem Date 3-28 1933

19. UNDERTAKER Dennis Easton

(Address) 516 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on August 31 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	3 days

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luck M. D.
Coroner

(Address) Coroner

M. D. B. 1248-0

E 88968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88968

CERTIFICATE OF DEATH

√23 1

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 16-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Barber

(a) Residence: No. 1007 N. Bruce st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Barber

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Raleigh North Carolina

FATHER

13. NAME: Samuel Barber

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Emily Hood

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: National Date: 3-28-33

19. UNDERTAKER: Dennis Farrell
(Address): 916 Pa ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25, 19 33

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1932 to March 25, 1933

I last saw h alive on 19. Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Stein M. D.

(Address) Baltimore City Hospitals

M. D. B. 1260-9

88969

HEALTH DEPARTMENT—CITY OF BALTIMORE 88969

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Wyndhurst Ave 27-01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Alpheus Canoles

(a) Residence: No. 714 Wyndhurst Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mary Clark Canoles.

6. DATE OF BIRTH (month, day, year) July 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carr Owens & Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Wm Canoles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Pierce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Mary C. Canoles

(Address) 714 Wyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date May 29 1933

19. UNDERTAKER Wm Kirkner Sons

(Address) Lloyd & Pennsylvania Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1933 to 3-26, 1933

I last saw him alive on 3-26, 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysematic Pleurisy	
Hiccoughs	
Chronic Bronchitis	

Other contributory causes of importance:

Endocarditis	
Congestive Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Machen M. D.

(Address) 4037 Falls Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 7 08 23

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88970

E 88970

CERTIFICATE OF DEATH

V 145-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5-01 St. Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Lowe

(a) Residence: No. 614 Stirling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-28-16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charlie Lowe

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Annie Gasaway

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date March 28 1933

19. UNDERTAKER Edw Bryon
(Address) 1631 orleans st

MAR 29 1933 H. Easton Fellows, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17 1933 to March 25 1933

I last saw her alive on March 25 1933 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	3/18/33
Other contributory causes of importance:	
Puerperal Infection	3/17/33
Full term spontaneous delivery	3/12/33

Name of operation none Date of —

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Paul F. Jack M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

88971

HEALTH DEPARTMENT—CITY OF BALTIMORE

88971

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

Registered No. 107-001

CITY OF BALTIMORE: (No. ..... St., 20-01 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and numbec.)

Length of cesidence in city or town where death occucred ..... yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Velnoskey, Baby

(a) Residence: No. 10 S. Bennett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 3 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinnec, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and yeac)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Carl Velnoskey
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Coster
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address) Md Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Greer Cathedral Date Mar 1. 30 1933

19. UNDERTAKER Frank Leach & Son
(Address) 1826 Eutaw St

20. FILED MAR 29 1933 Registrac.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-28 1933 to 3-28 1933
I last saw h~~im~~ alive on 3-28 1933 Death is said to have occucred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hemolytic Jaundice	Birth

Other contcibutory causes of importance:

Bronchopneumonia, Rt.	3 days

Name of opecation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to extecnal causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occuc? .....
(Specify city or town, county, and State)

Specify whether injury occucred in industcy, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify) .....

(Signed) [illegible] M. D.
(Address) Md. General Hospital

E

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88972 E 88972

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Goodman

(a) Residence: No. Belvedere & Greenspring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	103			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sigmund Hurtman

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date 3-29- 1933

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto St

20. FILED MAR 29 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1933 to 3-29 1933

I last saw her alive on 3-28 1933. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease.	
Arteriosclerosis.	

Other contributory causes of importance:

Bed sores	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

information should be carefully supplied. Any wrong statement or omission will be punished by law. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88973

E 88973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Brookfield Ave St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Esther Bronstein

(a) Residence: No. 2114 Brookfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis Bronstein

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Kaat

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa Zimmerman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Kaat
(Address) 1422 Eat St Wash D. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Mach Cemetery Date 3/29 1933

19. UNDERTAKER Jacob Levi Inc
(Address) 1439 E. Baltimore St

20. FILED MAR 29 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 11/2 , 1932 to 3/28 , 1933.

I last saw her alive on 3/28 , 1933. Death is said to have occurred on the date stated above, at 7 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	11-/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S Winternitz M. D.

(Address) 2820 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK. [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88974 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 88974

1. PLACE OF DEATH Church Home & Infirmary — Registered No. .....
CITY OF BALTIMORE: (No. ..... St. 2 E Monument — Ward) 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R Quesenberry

(a) Residence: No. 3409 Milford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of (or WIFE of)~~ Husband of Kate Quesenberry

6. DATE OF BIRTH (month, day, year) Jul 20 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Quesenberry
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Robinson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Jones (Address) 3213 Edgerton Road

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 30 1933

19. UNDERTAKER Partridge Home (Address) 2324 E Monument St

Jan 29 1933 The Washington Funeral Directors Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1933 to 3-28, 1933
I last saw him alive on 3-28, 1933. Death is said to have occurred on the date stated above, at 10:27 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene left foot	?
	2 mo
Other contributory causes of importance:	
Haemolytic streptococcus septicaemia	3-29-33

Name of operation Amputation left leg thru tibia Date of 3-24-33
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Gerald F Jordan M. D.
(Address) Church Home Infr.

M. D. R. 1268-9

88975

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 88975

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

Registered No. 108

CITY OF BALTIMORE: (No. 1514 Dunsan St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alphonzo Cohen

(a) Residence: No. 1610 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME [illegible] Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME [illegible] Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Cohen

(Address) 246 W. Schroder

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/30/ 1933

19. UNDERTAKER Isaac E. Divver & Son

(Address) 1614 Montpelier St

MAR 29 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1933 to 3-25 1933

I last saw him alive on 2-25 1933 Death is said to have occurred on the date stated above, at 2:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-1-33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harris M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88976

CERTIFICATE OF DEATH

164-001 E 88976

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Foster Ave. St., 76-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LILLIAN SHOWALTER

(a) Residence: No. 3303 Foster Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Showalter

6. DATE OF BIRTH (month, day, year) August 28, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Hawkins

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Laura Hopkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Howard Showalter (Husband)
(Address) 3303 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
1st Evang. Ch. Cem. Place Mar. 29 1933 Date

19. UNDERTAKER Henry Sander & Sons. Inc. Geo. F. Bauke
(Address) Baltimore St. & Broadway.

20. FILED MAR 29 1933 Registrar. Virginia Williams, R.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....

Where did injury occur? Home 3303 Foster Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiated

Nature of injury Gas Poisoning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. O. Kerr M.D. Coroner M. D.

(Address) 1320 N. Patterson Park Ave.

Information should be carefully supplied. Avoid abbreviations. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88977

CERTIFICATE OF DEATH

E 88977

93-001

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Fait Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Reitz

(a) Residence: No. 2522 Fait Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. Where any item cannot be stated EXACTLY, approximate as nearly as possible. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mildred Reitz

6. DATE OF BIRTH (month, day, year): July 9, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: William Reitz

14. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER

15. MAIDEN NAME: Bertha Smith

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Mildred Reitz (Wife)
(Address) 139 N. Hare Street

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Mar 30 1933

19. UNDERTAKER: H. SANDER & SON
(Address) Broadway and Baltimore St

20. FILED ... 19 ... Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. B. 1268-9

✓ 82-001

E 88978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× E 88978

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Fraser

(a) Residence: No. 3 Swan River Beach St., Ward. Edgewood Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W. C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond J. Fraser

6. DATE OF BIRTH (month, day, year) Nov. 4, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 10 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME unknown Minnick

FATHER

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Raymond J. Fraser

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 111 Court Date 3/31 1933

19. UNDERTAKER Lemmon Sons

(Address) 127 St. Paul St.

20. FILED MAR 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to March 28, 1933

I last saw her alive on March 28, 1933. Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	March 10 1933

Other contributory causes of importance:

over

Name of operation None Date of

What test confirmed diagnosis? Gross Specimen Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard C. Cumming, M. D.

(Address) The Church Home and Infirmary

M. D. B. 1268-9

E 88979

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 88979

CERTIFICATE OF DEATH

X 94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Chase St. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Winslow Sweet Walker

(a) Residence: No. Staunton Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Walker

6. DATE OF BIRTH (month, day, year) Jan 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Winslow Sweet

14. BIRTHPLACE (city or town) (State or country) ~~Hartford~~ Providence R. I.

MOTHER

15. MAIDEN NAME Emily Matchett

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT ~~Son~~ Mrs. Helen Sweet Hundley
(Address) 11 East Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Staunton Va. Date 3-31 1933

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Pl.

MAR 29 1933 Staunton Va. Residence, No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933 to March 28, 1933

I last saw her alive on March 28, 1933 Death is said to have occurred on the date stated above, at 9.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Thomas Hundley M.D.

(Address) 204 Ridgewood Rd. Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88980 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88980

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Bolton St. St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Austin Hirst

(a) Residence: No. 1314 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Yates Hirst

6. DATE OF BIRTH (month, day, year) Aug. 25. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6 7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. inspector 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.R. & E. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Randolph Dame
(Address) 1314 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester, Mass. Date 3/29/ 1933

19. UNDERTAKER John D. Mitchell Sons
(Address) 1420 Eutaw Place

20. FILED MAR 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to March 28 1933

I last saw him alive on March 27 1933 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	March 28. 33
Other contributory causes of importance:	
Chronic Nephritis -	?
Arteriosclerosis -	?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Chas W. Lurman M. D.

(Address) 1327 Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88981

CERTIFICATE OF DEATH

114 E 88981

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Hanover St., 23-01 Ward)

Length of residence in city or town where death occurred 84 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Young

(a) Residence: No. 1541 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Young

6. DATE OF BIRTH (month, day, year): Oct. 24 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House-Wife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Schroeder

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Miss Caroline Young
(Address) 1541 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cemetery Date: Mar 30 1933

19. UNDERTAKER: John F. Denny
(Address) 1115 Fulton St.

MAR 29 1933 FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 — 1932 to Mar 27 — 1933

I last saw her alive on 3/27 — 1933 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Gangrene Senyo — Date of onset 3/10/33

Other contributory causes of importance:

Oldage

Name of operation: Cural Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dr. Lutz Davis M. D.

(Address) 340 E. Eutaw

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88982

CERTIFICATE OF DEATH

85 E 88982

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 Fissier St., 17-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie Ford

(a) Residence: No. 808 Fissier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10 1888

7. AGE — Years 45 | Months — | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Beulah Wright
(Address) 808 Fissier

18. BURIAL, CREMATION, OR REMOVAL National Date Dec 3 29 1933

19. UNDERTAKER Bernard Rehusler
(Address) 814 Edmondson Ave

20. FILED MAR 29 1933 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner. M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 E 88983 — 127 — E 88983

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1400 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Macs

(a) Residence: No. 553 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clemey

6. DATE OF BIRTH (month, day, year): 6-5-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: George Macs

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Liza Patterson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 3/30 19 33

19. UNDERTAKER: Gorsuch & Brumley
(Address) 211 Park Ave

20. [illegible] 19 ..... Registrar

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7 1933 to March 27 1933

I last saw h[illegible] alive on March 7 1933 Death is said to have occurred on the date stated above, at 12 45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative bronchopneumonia	3/13/33
Other contributory causes of importance:	

Name of operation Herniotomy, bilateral Date of 3/9/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) [illegible] M. D.

(Address) J. H. Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 E 88984

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

88934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Gen'l Hosp St. 24-01 Ward)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Caskey

(a) Residence: No. 1532 Boyle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Caskey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte Meushaw

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Kenney
(Address) 1532 Boyle St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 31, 1933

19. UNDERTAKER C. H. Howard Evans
(Address) 38 E Preston

20. FILED [illegible] 1933 —Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-23-33, 19, to 3-28-33, 19

I last saw h[illegible] alive on 3-28-33, 19 death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Urethral stricture Abscess	3-23-33
Pulmonary embolism	3-28-33
Other contributory causes of importance:	

Name of operation Supra pubic cystotomy Date of 3-27-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Schumacher, M. D.

(Address) So Balto Gen. Hosp.

N. B.—WRITE PLAINLY, WITH PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88985

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Clarkson St. 23-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E La Mar

(a) Residence: No. 1720 E. Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F. LaMar

6. DATE OF BIRTH (month, day, year) July 2, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 651

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Zachariah Wingate

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rebecca Scheckels

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Richard F. Lamar
(Address) 1720 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 4, 1933

19. UNDERTAKER C. Howard Evans
(Address) 38 E. Fort Ave

20. FILED MAR 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26. 1932 to Mar. 28. 1933

I last saw her alive on Mar. 28. 1933 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Indefinite	
Other contributory causes of importance:	
Exhaustion	3/26/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Campbell M. D.

3/29/33 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88986

CERTIFICATE OF DEATH

94-86

E 88986

1. PLACE OF DEATH

Registered No. H-91

CITY OF BALTIMORE: (No. 1110 S. Baylis St. St., 26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PHILIP A. AMRHEIN.

(a) Residence: No. 1110 S. Baylis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian P. Amrhein.

6. DATE OF BIRTH (month, day, year) June 11 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer. 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Agriculture Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Amrhein.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Fischer.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lillian Amrhein (Wife)
(Address) 1110 S. Baylis St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mar. 31 1933

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 19 Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1933 to 3/28 1933

I last saw h— alive on 3/27 1933. Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	
Gastro enteritis	

Other contributory causes of importance: Angina Pectoris

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. H. Linell M. D.

(Address) 633-5 Conkling

M. D. B. 1268-9

E 88987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88987

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH Balto City Hospitals — Registered No.

CITY OF BALTIMORE: (No. 75 St., T-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James O'Conner

(a) Residence: No. 3123 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dan O'Conner

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Lancaster.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hartford Rd

Place Holy Cross Cem. Date Mar. 30 1933

19. UNDERTAKER Lilly & Geiler Inc.

(Address) 403 S. Wolfe St.

Huntington Putnam, W. Va.

MAR 29 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1933 to 3/28, 1933

I last saw him alive on 3/28, 1933 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue with metastasis to brain	March 1922
Other contributory causes of importance: Hemorrhage	3 hrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88988

CERTIFICATE OF DEATH

108 E 88988

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tuk St. 10-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Townsley

(a) Residence: No. 909 Hillman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lookout Cem Date 3/30 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 2228 Biddle St

20. FILED ... 19... Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933 to March 28, 1933

I last saw her alive on March 28, 1933 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-20-33

Other contributory causes of importance:

Obesity

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Clarence Tillman M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

E 88989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 88989

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Mount St. 15-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mcarthy Thompson

(a) Residence: No. 1524 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Wm L Thompson

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mcarthy A Howes

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Wm Thompson
(Address) 1524 Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3/30, 1933

19. UNDERTAKER Samuel J Hensley
(Address) 578 N Bidle St

20. FILED ... 19 ... Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933, to Mar. 27, 1933

I last saw her alive on March 27, 1933. death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Chronic Nephritis	
Senility	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. Fill in all blanks with full information. Do not abbreviate. Where information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 88990 HEALTH DEPARTMENT—CITY OF BALTIMORE E 88990

CERTIFICATE OF DEATH

* 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St., 4-61 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Brewer

(a) Residence: No. 153 Penna. Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-27-33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provident Hospital

FATHER

13. NAME Vermit Brewer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude Pruitt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Gertrude Brewer

(Address) 153 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Dept Date Mar 28 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED MAR 29 1933 [illegible] Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22-33, 19..., to 3-28, 1933

I last saw h/11 alive on 3-27, 1933 Death is said to have occurred on the date stated above, at 1 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Butler M. D.

(Address) Provident Hospital

M. D. B. 1268-9

88991 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 88991

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs. Stuart Gibson

(a) Residence: No. 5510 Wayne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Stuart Gibson

6. DATE OF BIRTH (month, day, year) Nov 15, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
39 —	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sunday Sun, Balt, Md.

10. Date deceased last worked at this occupation (month and year) March 25, 33

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Frank M. Gibson

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Plummer

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Stuart Gibson
(Address) 5510 Wayne Ave, Balt, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/31 19 33

19. UNDERTAKER Henry H. Mears & Son
(Address) 805 N. Calvert St.

20. FILED MAR 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 — 26 —, 19 33 to 3-29-, 19 33

I last saw h.im alive on 3-29-, 19 33 Death is said to have occurred on the date stated above, at 5½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, r.t. upper & lower lobes.	3-25-33

Other contributory causes of importance:

Name of operation Physical Date of

What test confirmed diagnosis? Signs Was there an autopsy? None.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Culot M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

88992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88992

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4820 Roland Avenue ST. 27-01 WARD)

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Stanley Meade Reynolds Jr.

(a) RESIDENCE NO 4820 Roland Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? --- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	18	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER Stanley M. Reynolds

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Applegarth

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Stanley M. Reynolds
(Address) 4820 Roland Avenue

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq (inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun-shot wound
in head
(Suicide)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D. Coroner

, 19 (Address) 763 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Loudon Park Cemetery

DATE OF BURIAL
3/30 1933

20 UNDERTAKER
Henry H. Meades and Son

ADDRESS
505 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1933

M. D. B. 1268-3

B 88993

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 88993

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6101 Maywood Ave. St. 27-84 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Gosnell Penniman

(a) Residence: No. 6101 Maywood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Penniman

6. DATE OF BIRTH (month, day, year) December 10, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	80	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. Edward O. Penniman
(Address) 6101 Maywood Ave., Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date March 30, 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

20. FILED Huntington Mitchell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932 to Mch 28, 1933
I last saw her alive on Mch 25, 1933 Death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Do not Know
Senile Infirmities & age	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Physical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. Kyser, M. D.

(Address) Cathedral and Mulberry Sts.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MARRIAGE

M. D. B. 1268-B

B 88994 HEALTH DEPARTMENT—CITY OF BALTIMORE B 88994

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital Registered No. 1446

CITY OF BALTIMORE: (No. ..... St. 25-07 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth N. Hooper

(a) Residence: No. 5533 3533 Dyer Oak St. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Hooper

6. DATE OF BIRTH (month, day, year) Nov. 19, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 37	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Weigs 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodlawn, Md

FATHER

13. NAME C. Ellsworth Upton

14. BIRTHPLACE (city or town) (State or country) Woodlawn Md

MOTHER

15. MAIDEN NAME Ella S. Sauter

16. BIRTHPLACE (city or town) (State or country) Woodlawn, Md

17. INFORMANT Mr. James L. Hooper

(Address) 5533 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 1, 1933

19. UNDERTAKER Joseph B. Cook

(Address) 1023 W. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-29-33

22. I HEREBY CERTIFY, That I attended deceased from 3-23-33, 19..... to 3-29-33 19.....

I last saw h. alive on 3-29-33. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy	July 1932

Other contributory causes of importance:

Eclampsia	3-23-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1933

M. D. B. 1268-9

B 88995 HEALTH DEPARTMENT—CITY OF BALTIMORE B 88995

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Amos Annington

(a) Residence: No. 3617 Howard Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie O. Mrs. Amos Annington

6. DATE OF BIRTH (month, day, year) Aug 5 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Austin Annington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Hinckle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) Mt. Ellenbrook.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/31 19 33

19. UNDERTAKER Uhler & Sons Inc

(Address) Sylvania Md.

20. FILED 19 Registrar.

MAR 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1933 to 3-29 1933

I last saw h[illegible] alive on 3-29 1933 Death is said to have occurred on the date stated above, at 11 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	?

Other contributory causes of importance:

Acute Cardiac Dilatation	3-29

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Md. General Hospital

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 88996

E 88996

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2111 Madison ave ST.: (WARD) 14-C

2-FULL NAME Sarah E Blackwell

(a) RESIDENCE. NO. 2111 Madison ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Izrah Blackwell

6 DATE OF BIRTH (month, day, and year) Feb. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Miss Marguerite Gordan

9 BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

PARENTS

10 NAME OF FATHER Peter Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Lucinda Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Mary Lowes

(Address) 2111 Madison Ave.

15 Filed MAR 29 1933, 19 [illegible] Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1933

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 26, 1933, that I last saw h[illegible] alive on March 26, 1933, and that death occurred, on the date stated above, at 2,30 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Age - Arteriosclerosis

Nephritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wurster, M. D.

3/28, 1933 (Address) 1209 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 3/30/ 1933

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS: 1631 Druid Hill

M. D. B. 1268-0

E 88997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 88997

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 N. Vincent St., 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Richardson

(a) Residence: No. 640 N. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Mar 25 1866

7. AGE: Years: 36 | Months: 11 | Days: 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year): Feb 1932 | 11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Elrod Richardson

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Jane Hawkins

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Jane Richardson
(Address) 640 N. Vincent

18. BURIAL, CREMATION, OR REMOVAL: Custom
Place Mt Auburn Date Mar 30, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	13 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Leek Coroner, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 88998 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 88998

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

Hospital 93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Balto, Md. St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Curtis

(a) Residence: No. 1424 School St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1872 ~~1859~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ~~47~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Curtis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Charlotte Bates

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Mar 30 19 33

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Presstman St

20. FILED MAR 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1929 to 3-27, 1933

I last saw h alive on 3-27, 1933 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	1929
Other contributory causes of importance: arteriosclerosis and hypertension	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-27-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

M. D. B. 1263-9

88999 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V-E 38999

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd Hospital Registered No. .....

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 16-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Taylor

(a) Residence: No. 1508 N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Olley Taylor

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Joseph Taylor

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 30 33

19. UNDERTAKER Thomas E. Kelly
(Address) 1343 Presstman St

20. FILED MAR 29 1933 H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15- 1933 to 3-26- 1933

I last saw him alive on 3-26- 1933 Death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	3-24
Myocarditis	2 yr ago
Chronic nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Marshall M. D.

(Address) 1838 Linwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89000

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Farmers & Planters Hotel St., 5-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver Johnson

(a) Residence: No. 600 Fairmont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Johnson

6. DATE OF BIRTH (month, day, year) Oct 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME James T. Johnson

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Dora Johnson

(Address) Allendale Apartment

18. BURIAL, CREMATION, OR REMOVAL

Place Centre Cem Date March 31 1933

19. UNDERTAKER E. Gorsuch & Son

(Address)

20. FILED MAR 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr
Coronary Thrombus	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) James M Fenton Coroner M. D.

3/29/33 (Address) 700 E Chase

AACo. 5-31 250B

E 89001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89001

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 S. Charles St. 23-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Scarborough

(a) Residence: No. 1308 S. Charles St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ANENT RECORD. Every item of information should be carefully supp' EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Scarborough

6. DATE OF BIRTH (month, day, year) June 12, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Jory

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Howard Scarborough

(Address) 1308 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar. 31 1933

19. UNDERTAKER Fred. A. Neumeyer

(Address) 703 S. Johnson St

Filed MAR 30 1933 Huntington Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932, to Mar 28, 1933

I last saw her alive on 3/27, 1933, death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	10 Mo

Other contributory causes of importance:

Complication of diseases	some

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19...

Where did injury occur? X X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Hurwitz, M. D.

(Address) 1340 Eutaw Pl

M. D. B. 1268-0

89002 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89002

v. 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital (26-01) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Eastern Ave St. 26 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Frank Stopka (Stawczynski)

(a) Residence: No. 3229 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Stopka

6. DATH OF BIRTH (month, day, year) Born 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tank tender

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Stopka

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Johanna Stopka
(Address) 1110 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date April 1 1933

19. UNDERTAKER Wm S. Fialkowski
(Address) 2607 Eastern ave

20. FILED ..... 19.. [illegible] Registrar.

MAR 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22- 1933 to 3-28 1933

I last saw h[illegible] alive on 3-28 1933 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Malignancy	
Cachexia	
Myocardial Failure	3-25-33
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible] Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89003

CERTIFICATE OF DEATH

E 89003

93-003

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Mt. Holly St., 15 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Catharine Matthews.

(a) Residence: No. 2120 Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Wilson Matthews

6. DATE OF BIRTH (month, day, year) Feb. 27, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Dr. John W. Waugh

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret W. Disney

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Lily W. Matthews.

(Address) 2120 Mt. Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 30, 1933

19. UNDERTAKER Wm. Fickus & Sons

(Address) North & Pa. Aves.

20. FILED 19 Registrar.

MAR 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1930 to March 28, 1933

that I saw him alive on March 27, 1933 Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & acute dilatation of heart	March

Other contributory causes of importance:

Arteriosclerosis	1927

Name of operation Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Lamb M. D.

(Address) 4309 Roland Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89004

CERTIFICATE OF DEATH

175 **E 89004**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Norfolk Av 15-01 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ben Katz

(a) Residence: No. 3804 Norfolk Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. Color or Race** White | **5. Single, Married, Widowed, or Divorced** (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna W.

6. DATE OF BIRTH (month, day, year) 1883

7. AGE

Years	Months	Days	if LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottling Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Louis Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Katz
(Address) 3804 Norfolk

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3-30 1933

19. UNDERTAKER Jos. Lewis Sons
(Address) 1939 E. Baltimore St.

MAR 30 1933

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... (Congenital)

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Extra Cranial	Months
due to fractured	Skull

Other contributory causes of importance:

Clot

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Struck on Head
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luck M. D.

(Address) Coroner

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89005 E 89005

CERTIFICATE OF DEATH

✓ 164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Aliceanna St. 2-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Charles J. Karas

(a) Residence: No. 1813 Aliceanna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Karas

6. DATE OF BIRTH (month, day, year) Oct 16 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	32	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Karas

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sofia Kiper

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Karas
(Address) 1813 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date March 31. 1933

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

MAR 30 1933

(20. FILED) (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Illuminating Gas	
Suicide	

Other contributory causes of importance: (NONE)

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 3/29. 1933

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Gas Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) S. S. Herzog M D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH CARBON INK—THIS IS A PERMANENT RECORD.

M. D. B. 1268-9

E 89006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89006

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 24-01 Registered No. 151-033

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Johnson

(a) Residence: No. 632 East Clement St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5 - 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wilbur A. Johnson.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Pearl Kolbus

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Kolbus.

(Address) 632 E. Clement.

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date 3/30 1933

19. UNDERTAKER J. F. McCully

(Address) 130 E. Fort.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 28 . 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25 . 1933 to March 28 . 1933

I last saw him alive on March 28 . 1933 Death is said to have occurred on the date stated above, at 2.22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.) Acute Cardiac failure	March 27
2.) Pneumonia	March 25

Other contributory causes of importance:

1.) Congenital Heart disease

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Lowen M. D.

(Address) Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 89007

HEALTH DEPARTMENT—[redacted]TIMORE

E 89007

82-001

CERTIFICATE OF DEATH

25-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH En route to

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME Jerome F. Neubeck.

(a) RESIDENCE NO Open St., Curtis Bay. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of [redacted] Anna Neubeck.

6 DATE OF BIRTH (month, day, and year) March 24, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Neubeck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Dailey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Frances Acton. (sister)

(Address) 1223 William St.

15 Filed MAR 30 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Open St. Curtis Bay. March 27, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

3/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. C.

DATE OF BURIAL March 30, 1933

20 UNDERTAKER Charles L. Stevens

ADDRESS 1501 E. Fort

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

THIS IS A PERMANENT RECORD. Every item of infor-

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89008

CERTIFICATE OF DEATH

✓ 107 E 89008

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 E. Eager St. 10-C Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Rotel

(a) Residence: No. 1104 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John A. Rotel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth M. Sollace

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. John A. Rotel
(Address) 1104 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Apl 1 1933

19. UNDERTAKER Henry Hoen & Sons Inc
(Address) 1341 E Eager St

20. FILED MAR 30 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, to March 29th, 1933

I last saw him alive on March 26th, 1933. Death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 Bronchial Pneumonia	March 13th 1933

Other **contributory causes** of importance:

Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) L. H. Harbaugh M. D.

(Address) 111 E Eager St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89009

CERTIFICATE OF DEATH

V 82-001

E 89009

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Provident Hosp St., 17-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline West,
(a) Residence: No. 711 Fissiel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmle
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, year): Dec 5-1880
7. AGE: Years 32, Months 3, Days 23, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Edw West
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Lucy Rogers
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mamie West 711 Fissiel

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3-31- 1933

19. UNDERTAKER (Address): John M. Johnson 2700 Druid Hill Ave.

20. FILED MAR 30 1933 Clinton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 28 th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.....
I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. Gunk Coroner, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 89010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89010

CERTIFICATE OF DEATH

92-001

Registered No. 10-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 Stirling St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Wagner

(a) Residence: No. 947 Stirling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fr.	C.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Wagner

6. DATE OF BIRTH (month, day, year) Jan 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Edward Hall

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Jane Hall

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Elmira Brown

(Address) 947 Stirling St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Court Date 3-31 1933

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans Est

20. FILED MAR 30 1933 Huntington Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabular Dropsine of Heart	

(Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Thompson Coroner, M. D.

(Address) 1612 Orland Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89011

CERTIFICATE OF DEATH

V 82-001

E 89011

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Milton ave 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Kornmann

(a) Residence: No. 9 N. Milton ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W.

6. DATE OF BIRTH (month, day, year) Dec 18 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Stabner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George W Kornmann
(Address) 9 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 31 19 33

19. UNDERTAKER Mooney W. E. Dipsel Inc
(Address) 37 S Amity St

MAR 30 1933 Huntington Ave Station
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1932 to March 29 1933

I last saw her alive on March 29 1933 Death is said to have occurred on the date stated above, at 2.30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/28/33
Uremia (?)	3 hrs.
	over
Other contributory causes of importance: Osteo-myelitis of 2+3 Phalanx left 1st finger -	Aug 29/32

Name of operation — Date of —

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis F. Krumein M. D.

(Address) 722 N. Kenwood ave.

E 89012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26267 Unc. 107-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. ... St. 7-01 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Martin

(a) Residence: No. Staton - Texas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 27 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Emily Proctor

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 2 1933

19. UNDERTAKER John D. Mitchell Sons
(Address) Appointment Place

FILED MAY 30 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-4-1932 to 3-29-1933

I last saw h[illegible] alive on 3-29-1933. Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3-24-33

Other contributory causes of importance:
Ureteral Stone Operation
Supra pubic cystotomy

Name of operation Supra Pubic Fistula Date of 8-32

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lawson A. Gray M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89013

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Fremont Ave 12-1 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Mathes

(a) Residence: No. 3008 Fremont Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta Mathes

6. DATE OF BIRTH (month, day, year): Oct 15. 1834

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	5	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Candy Manufacturer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: George Mathes

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George R. Mathes
(Address) 3008 Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: May 31. 1933

19. UNDERTAKER: Mr. & Mrs. John W. Geisel & Son
(Address) 2c1 W. Lafayette St.

20. FILED 19 Registrar.

MAR 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to Mar 28, 1933

I last saw h~~im~~ alive on Mar 28, 1933. Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	15 yrs
cerebral hemorrhage	3/20/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Kyser M. D.

(Address) 3020 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89014 E 89014

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Latrobe Apts St. Read & Charles Ward) 11-01

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Maria Foley

(a) Residence: No. Latrobe Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	5 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md Md

FATHER

13. NAME Daniel J. Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Sanders

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Julia Foley
(Address) Latrobe Apts

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 31, 1933

19. UNDERTAKER Henry H. Jenkins Sons Co
(Address) McCulloh & Richards Sts

20. FILED MAR 30 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1928, to Mar. 1933

I last saw h.er alive on Mar 29, 1933. Death is said to have occurred on the date stated above, at 10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral (and Generalized) Arteriosclerosis	10yrs ±
Other contributory causes of importance:	
Senility	
Sclerosis Carcinoma of Breast	6yrs ±

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles O'Donovan Jr. M. D.

(Address) 5 E. Read St.

M. D. B. 1268-9

E 89015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89015

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Hanover St St. 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Johnson

(a) Residence: No. 724 Hanover St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	-	2 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none do

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Rawlins

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Viola Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT mother

(Address) 724 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn cem Date March 31 1933

19. UNDERTAKER Joseph J Lively

(Address) 1494 Mount Street

20. FILED MAR 30 1933 Huntington Fillmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27 . 1933 to March 29 . 1933

I last saw him alive on March 29 . 1933 Death is said to have occurred on the date stated above, at 5 59 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (36 wks.)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis P. Krauss M. D.

(Address) 1513 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 89016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89016

CERTIFICATE OF DEATH

67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Caroline St. St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Baby Pastos

(a) Residence: No. 125 S. Caroline St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Sgl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/25/33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alone

FATHER

13. NAME Chas. Pastos

14. BIRTHPLACE (city or town) (State or country) ~~Balto~~ Greece ?

MOTHER

15. MAIDEN NAME Madelyn Merrill

16. BIRTHPLACE (city or town) (State or country) Rockland Me.

17. INFORMANT Doctor

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Mar 28, 1933

19. UNDERTAKER

(Address)

20. FILED ..... 19.. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/25/ 1933 to 3/29/33 19....

I last saw him alive on 3/28/33 19.... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Levy M. D.

(Address) 910 W. Lombard

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

89017

E 89017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Remington Ave St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stewart.

(a) Residence: No. 2835 Remington Ave St, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 29, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME Charles Edward Stewart

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Gellard

16. BIRTHPLACE (city or town) Blackstone, (State or country) Virginia

17. INFORMANT Chas. E. Stewart,
(Address) 2835 Remington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med Colleges Date Mar 29 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933 to March 29, 1933

I last saw he alive on March 29, 1933 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Premature separation of placenta	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Aadon Weiss, M. D.
(Address) 2902 Huntington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 89018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89018

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Ribbins #2

(a) Residence: No. 929 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 25th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	4 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Ribbins

14. BIRTHPLACE (city or town) (State or conntry) Va.

MOTHER

15. MAIDEN NAME Mattie Stokes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mother (Address) 929 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Mar 29 1933

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25th 1933 to March 25th 1933

I last saw him alive on March 25th 1933 death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (28 week abortion)	3-26-33
Twin #2	
Other contributory causes of importance: Prolonged Labor Nephritis	3-10-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, connty, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 89019 ✓ E 89019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bibbins #1

(a) Residence: No. 929 Pierce St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 25th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William Bibbins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mattie Stokes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mother

(Address) 929 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Date Mar 29 1933

19. UNDERTAKER ~~[illegible]~~

(Address) ~~Huntington Williams, Md~~

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25th, 1933 to March 25th, 1933

I last saw him alive on March 25th 1933 death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-25-33
(28 week abortion)	
Twin #1	
Other contributory causes of importance: Maternal Acute Hydramnios	3-10-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tom F. Campbell M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 89020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89020

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Druid Hill Ave St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Mahoney

(a) Residence: No. 2109 Druid Hill Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Mahoney

6. DATE OF BIRTH (month, day, year) February 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter & Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Mahoney

14. BIRTHPLACE (city or town) (State or country) Ire.

MOTHER

15. MAIDEN NAME Jennie Hunt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie Mahoney

(Address) 1109 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 4-1-33 193

19. UNDERTAKER Martin J. Ellis

(Address) [illegible]

20. FILED APR 3 1933 H. M. Hopkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1932 to 3/28, 1933

I last saw h[illegible] alive on 3/28 1933 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Kidney (Tuberculosis)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Natnre of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. M. Hopkins, M. D.

(Address) 2109 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 89021 M.D. 268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89021

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 608 Linnard St St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James O'Rourke

(a) Residence: No. 608 Linnard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0.30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun (newspaper)

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Elkhart, Md.

FATHER

13. NAME Michael —

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann McHugh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. W. L. Walker

(Address) 608 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date 3/31/33

19. UNDERTAKER [illegible]

(Address) 4001 Park Heights Av.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to March 30, 1933.

I last saw him alive on March 30, 1933. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6 days

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) James J. Feenan M. D.

(Address) 3503 Edmondson Ave —

MAR 30 1933

M. D. B. 1268-9

89022 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89022

CERTIFICATE OF DEATH 93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto, Md, St., 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elijah Adams

(a) Residence: No. Balto. City Hospitals St., Ward.
(Usual place of abode) 115 E Saratoga St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenia Adams

6. DATE OF BIRTH (month, day, year) 11-21-18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6[illegible]	4	9	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 1 19 33

19. UNDERTAKER J. Howard Bean
(Address) 224 E. Fayette St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 19 33

22. I HEREBY CERTIFY, That I attended deceased from 2-4 19 34 to 3-30 19 33

I last saw h[illegible] alive on 3-30 19 33 Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	
arteriosclerosis	7. 3-31

Other contributory causes of importance:

None

Operation Medical Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-30-33 (Signed) Records Balto City Hospitals M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89023

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Garrison Ave St. 27-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter W Mallonee

(a) Residence: No. 3114 Garrison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Mallonee

6. DATE OF BIRTH (month, day, year) Sept 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME John T Mallonee

14. BIRTHPLACE (city or town) (State or country) Platte Co Mo

MOTHER

15. MAIDEN NAME Celia A. Buckingham

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mollie Mallonee

(Address) 3114 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 31. 1933

19. UNDERTAKER H. C. Marshall

(Address) 3530 Falls Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7. 1932 to May 30. 1933

I last saw him alive on May. 29. 1933. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1929

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. Akehurst M. D.

(Address) 4012 Park Heights Ave Balto

MAY 29 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89024 E 89024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St., ... (Ward) 28-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Ritter

(a) Residence: No. 4126 Westchester Rd St., Westchester Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-25-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Laurence B. Ritter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Amy William

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Laurence Ritter
(Address) 4126 West Chester Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/31 1933

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED Mar 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-33

22. I HEREBY CERTIFY, That I attended deceased from 3-25-33 19..... to 3-29-33 19.....

I last saw him alive on 3-29-33 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth	3-25-33
Other contributory causes of importance:	
Brain Hemorrhage	3-25-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, state how .....

(Signed) J. C. Bauer M. D.
(Address) Md. Gen. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

M. D. H. 1268-9

E 89025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89025

CERTIFICATE OF DEATH

81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 27 Ward) 01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minetta Haller

(a) Residence: No. 4731 Alhambra Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A Haller

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	59		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Meier

14. BIRTHPLACE (city or town) (State or country) Cecil Md

MOTHER

15. MAIDEN NAME Anna Nelson

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Charles A Haller

(Address) 4731 Alhambra Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/ , 1933

19. UNDERTAKER Wm H. Woodward

(Address) 847 N. Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h—alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7:30 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mucositis, Alcoholic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) ..... M. D.
Coroner

(Address) 125 N. Gilmor

E 89026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89026

CERTIFICATE OF DEATH.

186-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward) 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace G. Stiffler

(Residence in Baltimore: No. 3508 Kesmith Road St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-~~Single~~, Married, Widowed, ~~or Divorced~~. (Write the word.)
male	white	Widower

6-DATE OF BIRTH. Aug. (Month) 29 (Day) 1870 (Year)

7-AGE. 62 63 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE. (State or Country). md.

PARENTS.

10-NAME OF FATHER. Jackson Stiffler

11-BIRTHPLACE OF FATHER. (State or Country). md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis R. Stiffler

(Address) 3508 Kesmith Road

15-

Registrar.

MAR 31 1933

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 29 (Day) 1933 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH was as follows:

Fractured Skull & Internal Injuries Falling (Brought to Hummel's Garage) Struck by Bludgeon (Accidental)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J. Morrissey M. D. (Coroner)

3/30 1933 (Address) 502 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Marys Cem	3/31 1933
20-UNDERTAKER. Chronwith Son	ADDRESS 3615 Chestnut Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89027

CERTIFICATE OF DEATH

45 E 89027

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5512 Greenhill Ave St., 26 Ward) 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 14 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Berger

(a) Residence: No. 5512 Greenhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of April 21, 1862

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Maryland

FATHER

13. NAME James John Berger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Art

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Birkfeld

(Address) 4315 Antanna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Apl. 3 1933

19. UNDERTAKER Fred. Faessler & Son

(Address) 7401 Belair Rd

20. FILED MAR 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1933 to March 31, 1933

I last saw h. alive on March 31, 1933 death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Jaw (Inf maxillary)	

Other contributory causes of importance:

Hemorrhage

Name of operation Exp on Jaw Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustave A. Graf, M. D.

(Address) Easton

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 89028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 N Bond St St., 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Rohmer

(a) Residence: No. 945 N. Bond St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Rohmer

6. DATE OF BIRTH (month, day, year) 10-10 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 yrs.	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Rohmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Rohmer

(Address) 945 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Ld German Cath. Cemetery Date 4-3-33 19

19. UNDERTAKER Albert L. Ritter

(Address) 1625 Eastern Avenue

20. FILED Baltimore, Md. MAR 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 3 1933 to March 30 1933

I last saw him alive on March 30 1933. Death is said to have occurred on the date stated above, at 4.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Insufficiency	1 yrs
Arteriosclerosis Cerebral,	1 yrs
Arterial Hypertension	1 yrs
Benign Hypertrophy of Prostate Gland.	1 yrs
	1 yrs
Other contributory causes of importance: Cardiac Decompensation	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisenberg M. D.

(Address) 1025 E North Ave

To state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 89029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89029

CERTIFICATE OF DEATH.

131 REGISTERED NO.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Mc Culloh ST. | WARD 01

2-FULL NAME Margarett Elizabeth Jackson

(a) RESIDENCE NO. 1512 Mc Culloh ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Jackson

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	5	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Chas White
11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina
12 MAIDEN NAME OF MOTHER Margarett Davis
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Peter Jackson
(Address) 1512 Mc Culloh St

15 Filed MAR 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29/33

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1933, to Mar. 29, 1933
that I last saw h[illegible] alive on 3/29, 1933
and that death occurred, on the date stated above, at 3:20 a m.
The CAUSE OF DEATH* was as follows:

Uremia
(duration) yrs. 1 mos. 4 da.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
(duration) yrs. 4 mos. 7 da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typical

(Signed) John H. Tolchin M. D.
3/29, 1933 (Address) 1812 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL March 31 1933

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 2108 Mc Culloh St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

Wm B Sing ✓

89030 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 89030

E

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 9-01 yrs. mos. ds.

2. FULL NAME William B Sing

(a) Residence: No. 1319 N. Eden St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M-	C	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 6-1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	2-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Sing

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Lizzie A Scott

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mabel A Sing

(Address) 1319 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/3/ 1933

19. UNDERTAKER Mrs Chas G Bailey

(Address) 172 Lafayette Ave

20. FILED Mar 3 1933 Hunter Wood Registrar

MAR 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

a Bronchial Pneumonia

b

c

d

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John J Sommer M. D.

Coroner

(Address) 706 E Roland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89031

CERTIFICATE OF DEATH

186-001 E 89031

1. PLACE OF DEATH Parkway + Mon

CITY OF BALTIMORE: (No. Plaza Apts St., 14-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

82 10 9

2. FULL NAME Martha Whittemore Haynes

(a) Residence: No. Plaza Apts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David F. Haynes

6. DATE OF BIRTH (month, day, year) May 20 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Greenfield New Hampshire

FATHER

13. NAME Paul C. Whittemore

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Mary C. Cavendar

16. BIRTHPLACE (city or town) (State or country) ? ? New Hampshire

17. INFORMANT Mr Frank R. Haynes

(Address) 925 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Mar 31 1933

19. UNDERTAKER Stewart & Mowen Company

(Address) 1600 North Avenue

MAR 31 1933

20. Filed ... 19... Registrar ...

Huntington Ave. Boston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar - 29 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1932 to Mar 29 1933

I last saw her alive on Mar. 29 1933 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Terminal	Mar 18 33
Other contributory causes of importance: Fracture Left Hip.	Dec 15 32

Name of operation ... Date of ...

What confirmed diagnosis? ... Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide Accident Date of injury Dec. 15 1932

Where did injury occur? 901 St. Paul St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At meeting of Board of Ladies

Manner of injury Fell on Slot.

Nature of injury Fracture Intertrochanteric Left Hip

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) James C. Clarke M. D.

(Address) Lafayette at Charles Ave.

M. D. B. 1268-8

89032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85032

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) Mt Hope Retreat St., 2801 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ° mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bartholomew Duschek

(a) Residence: No. Mt Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year) Unknown 1858

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown Duschek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Hope Rueds
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Mar 31 33 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 103 W North Ave

20. FILED MAR 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to ..., 1933

I last saw him alive on ..., 1933. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Face	1931
Other contributory causes of importance:	
Senile Dementia	
Post Paroxysmal	1883

Name of operation None Date of —

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89033

CERTIFICATE OF DEATH 50 E 89033

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 S. Collington Ave St., 15 Ward) 01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

2. FULL NAME Mary Pollack

(a) Residence: No. 3704 Pentstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of David

6. DATE OF BIRTH (month, day, year) 868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Pollack- Son
(Address) 5 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date 3/31/33 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St.
Hunting for Williams

FILED MAR 31 1933 Registrar. N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 19 31, to March 30, 1933

I last saw h[illegible] alive on March 30, 1933. Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast Metastasis	yrs.
Other contributory causes of importance:	
Acute Myocardial Insuff	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Brael Lewis M. D.
(Address) 2002 E. Lath St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 89034

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., Ward)

Registered No. 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie Houseman

(a) Residence: No. 1217 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): 1896

7. AGE: Years 37 | Months | Days | If LESS than 1 day.... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Benj Brauer

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Jane

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jacob Houseman

(Address): 1217 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Mt Carmel Date 3/31/33 19

19. UNDERTAKER: Jos Levis Bro

(Address): 1429 E. Baltimore St

20. FILED MAR 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden.	

Other contributory causes of importance:

General Arteriosclerosis	6 months

Name of operation ..... Date of ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Luck M. D.

Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89035

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 5710 Bellona Ave. St., 27 Ward 01) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rodgers

(a) Residence: No. 5710 Bellona Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. H. Rodgers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary S. Evans

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Maurice F. Rodgers
(Address) 116 Midhurst Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date 4/1/33 19

19. UNDERTAKER Chas. C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED MAR 31 1933 Huntington Lubeus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 33

22. I HEREBY CERTIFY, That I attended deceased from 3/20 19 to 3/30 19 33

I last saw him alive on 3/30 19 33. Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	3/27/33
Arteriosclerosis	Gradual

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Tolson M. D.

(Address) 1406 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89036

CERTIFICATE OF DEATH

108 E 89036

Registered No.

1. PLACE OF DEATH Baltimar City Hospital

CITY OF BALTIMORE: (No. Baltimar, Md St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. 10-01 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Ransom

(a) Residence: No. 921 Hubbard alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-4-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mattoway Co. Va

FATHER

13. NAME Patrick Ransom

14. BIRTHPLACE (city or town) (State or country) Mattoway Co Va

MOTHER

15. MAIDEN NAME Mary Jennings

16. BIRTHPLACE (city or town) (State or country) Mattoway Co. Va

17. INFORMANT Records Balto City Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Osborn Com Date April 1st, 1933

19. UNDERTAKER Robert J. Williams (Address) 1515 W. Baltimore St

20. FILED APR 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1933 to 3-27, 1933

I last saw h ill alive on 3-27, 1933. Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3-17-33

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

3-30-33 If so, specify

(Signed) Elmer Hershberger M. D.

(Address) Balto. City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89037

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 89037

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH CITY OF BALTIMORE (No. Provident Hosp St., 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Talbot

(a) Residence: No. 915 Plum St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Dec 25-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Talbot

14. BIRTHPLACE (city or town) (State or country) N H Co Md

MOTHER

15. MAIDEN NAME Eliza Moore

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eliza Talbot

(Address) 915 Plum St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date May 31 1933

19. UNDERTAKER Walter E Spriggs

(Address) 139 W Hamburg St

20. FILED MAR 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchial Pneumonia	3 Days

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Tuck Coroner M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Blks.

89038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 89038

48

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 Division (St.;) (Ward) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Skinner

(a) RESIDENCE. No. 1410 Division St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Don't Know

7 AGE — Years: 42 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Alfred Caudle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ellen Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Melvin Skinner

(Address): 1410 Division St.

15 Filed: MAR 31 1933

16 Burial: Huntington Mortuary

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-29 1933

17 I HEREBY CERTIFY, That I attended deceased from July 1932 to March 29 1933.

that I last saw her alive on March 28 1933.

and that death occurred, on the date stated above, at 1215 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteras

Since July 1932 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? N Date of

Was there an autopsy? N

What test confirmed diagnosis? Clinical

(Signed) H K Gorsuch, M. D.

330. 1933 (Address) 117 N Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3/31/33

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

89039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89039

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1576 N. Gilmor ST.; WARD) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Crosby Douglas

(a) RESIDENCE NO. 1576 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) 3-11-33

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Tignor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ethel Douglas (Address) 1576 N. Gilmor

15 Filed MAR 31 1939 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1933

17

I HEREBY CERTIFY, That I attended deceased from Mar 11 1933 to Mar 31 1933

that I last saw him alive on Mar 30 1933

and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows: Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Tyler Coleman, M. D.

Mar 31 1933 Address 1633 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3/31/1933
20 UNDERTAKER	ADDRESS
Mrs. Leo H. Holland	1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

LEWIS. ✓

E 89040 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89040

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Park Drive St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Lewis

(a) Residence: No. 1101 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Lewis

6. DATE OF BIRTH (month, day, year) June 13 - 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Frank Lewis

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Lottie Witsell

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Theodore Segrest

(Address) 1101 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Lavanah Ga Date 3/31/33

19. UNDERTAKER Bro. Geo. R. Holland

(Address) 1621 Druid Hill Ave

Huntingtown Williams, Registrar.

MAR 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1933 to 3-30, 1933

I last saw him alive on 3-30, 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-20-33
Other contributory causes of importance:	
acute Nephritis	2-7-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. T. Jarrett M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89041 HEALTH DEPARTMENT—CITY OF BALTIMORE 89041

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave, St., Ward)

Length of residence in city or town where death occurred 27-01 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ferguson

(a) Residence: Home for the Aged M. E. Church St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): June 15, 1856

7. AGE: Years 76 | Months 9 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thomas Ferguson.

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Mary Patterson

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Etta Cuddy

(Address) 2211 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 31, 1933

19. UNDERTAKER: George L. Smith

(Address) 1532 Pennsylvania Ave

20. FILED MAR 31 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Mar 30, 1933

I last saw her alive on Mar 30, 1933 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset

Other contributory causes of importance:

Senility

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Shannon M. D.

(Address) 230 N. Fulton Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89042 ✓ E 89042

CERTIFICATE OF DEATH

1. PLACE OF DEATH Southern Home & Hospital — Registered No. 82-001

CITY OF BALTIMORE: (No. 2510 Greenmount St., Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Sill

(a) Residence: No. 2510 Greenmount Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) Oct 20 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME ? Leary

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Victor Sill
(Address) 532 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 31 1933

19. UNDERTAKER J. Vernon Kelly
(Address) 1532 Eutaw St

20. FILED MAR 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to March 29 1933

I last saw h alive on Mar 28 1933. Death is said to have occurred on the date stated above, at 2.45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis Sclerosis	Many Years

Other **contributory causes** of importance:

Cerebral Hemorrhage	2 weeks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Kous M. D.

(Address) 5600 York Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89043

89043

CERTIFICATE OF DEATH

108

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Hazelwood Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert J. Gamble

(a) Residence: No. 4615 Hazelwood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Gamble

6. DATE OF BIRTH (month, day, year) Dec 28 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary K. Gamble

(Address) 4615 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4-1- 1933

19. UNDERTAKER Leonard J. Keech

(Address) 3301 Harford Rd

FILED MAR 31 1933 Huntington Lipscomb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1933 to Mar 30, 1933

I last saw [illegible] alive on Mar 29 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. Edmund Bruns M. D.

(Address) 4706 Harford Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89044

E 89044

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospl St., Ward) 87-002

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 4-01

2. FULL NAME Wallace Owings.

(a) Residence: No. 1 Stony Side Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Owings

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 49 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: H. G. Wardlaw
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place West River Date 4-[illegible], 1933

19. UNDERTAKER: H. G. Wardlaw
(Address) Catonsville

20. FILED MAR 31 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933, to March 31, 1933

I last saw him alive on March 31, 1933. Death is said to have occurred on the date stated above, at 1.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	Feb 1931
Other contributory causes of importance: Respiratory Paralysis	3-31-33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edwark, M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89045

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) 14-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gardner Quinn Jr.

(a) Residence: No. 2227 Ettin St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	Negro	Married

5a. If married, widowed or divorced HUSBAND of Birdie Quinn

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke Md.

FATHER

13. NAME Gardner Quinn

14. BIRTHPLACE (city or town) (State or country) Pocomoke Md.

MOTHER

15. MAIDEN NAME Rosina Congoest

16. BIRTHPLACE (city or town) (State or country) Pocomoke Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke Md. Date April ... 193

19. UNDERTAKER Virginia A. Brooks

(Address) 1463 N. Carey St.

20. FILED ... 193 ... Registrar

MAR 31 1933 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1933 to 3-28 1933

I last saw h(im) alive on 3-28 1933 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Tubercular Peritonitis Secondary Anemia —

Date of onset

Other contributory causes of importance: Myocardial failure

Name of operation — No Date of

What test confirmed diagnosis? C.F. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Brown Jr. M. D.

(Address) Balto City Hospitals

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89046

CERTIFICATE OF DEATH

E 89046

1. PLACE OF DEATH Howard A. Kelly Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place St., Ward) 14-01

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Mildred Bell Southwood

(a) Residence: No. Port Washington, St., Long Island, N.Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Wood Haven Long Island, N.Y.

FATHER

13. NAME Clarence Southwood

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER

15. MAIDEN NAME Ruth May Bell

16. BIRTHPLACE (city or town) (State or country) Astoria Long Island, N.Y.

17. INFORMANT Mrs. Dorothy Bell
(Address) Williston Park, Long Island, N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Port Washington Date Mar. 31 1933

19. UNDERTAKER Chas. L. Black
(Address) 742 N. Northwood

20. MAR 31 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933 to Mar. 31, 1933

I last saw her alive on Mar. 30 1933 death is said to have occurred on the date stated above, at 5:14 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized sarcomatosis — Endothelioma type	[illegible]
Other contributory causes of importance: Endothelioma — tendon sheath left ankle and left groin	Aug. 1930

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Charles L. Mengel, M.D.

(Address) 1418 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89047. M ✓ E 89047

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME CUNNIE M. FLUGARD.

(a) Residence: No. 412 S. Macon St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Flugard.

6. DATE OF BIRTH (month, day, year) Jan. 7 1890.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assorter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Schmidt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Helena Schmidt.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George Schmidt (Brother)
(Address) 5129 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Apr. 1, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED MAR 31 1933 J. Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h alive on ..... Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	
Intra abdominal hemorrhage	3/25/33
Other contributory causes of importance:	
Automobile Accident	3/25/33

Name of operation Laparotomy Date of 3/26/33

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/25, 1933

Where did injury occur? Eastern Ave nr Macon St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking

Nature of injury across Eastern Ave nr Macon

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2200 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

89048

HEALTH DEPARTMENT—CITY OF BALTIMORE

89048

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. 26 61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Uric

(a) Residence: No. Sinai Hospital St., 6529 Balt. Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Percy Uric

14. BIRTHPLACE (city or town) Rock Hall
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Wrawn

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Margaret Uric
(Address) 6529 Baltimore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place J. Med College Date May 31, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933 to March 29, 1933

I last saw him alive on March 29 1933 death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89049 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89049

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1502 E Fort Ave St., ... Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J Coughlin

(a) Residence: No. 1502 East Fort ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Ella Coughlin

6. DATE OF BIRTH (month, day, year) Feb 27 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	65	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman 062

10. Date deceased last worked at this occupation (month and year) Dec 1-1927

11. Total time (years) spent in this occupation 1904

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Coughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary C Cummins
(Address) 1502 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 3. 1933

19. UNDERTAKER Morgan & J. Flynn
(Address) 1421 Eight St

20. FILED ... 19... ... Registrar

APR 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25. 1932, to Mar 30 1933

I last saw him alive on Mar 29. 1933. Death is said to have occurred on the date stated above, at 5.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of throat	11 mos.
Other contributory causes of importance:	
Old Laceration	20 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ✓ 19...

Where did Injury occur? ✓
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W Burton M. D.

(Address) 501 E Cmdn

OCCUPATION is very important. See instructions on back of certificate.

E 89050 ✓ E 89050

221226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Johns Hopkins St., Ward 7th)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph Jones

(a) Residence: No. 2579 Dellwood ave St., Ward Jacksonville Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leila

6. DATE OF BIRTH (month, day, year): 9-25-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 57	57	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rwy Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R.R. 073

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mich

FATHER

13. NAME: John Jones

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Delia Langdon

16. BIRTHPLACE (city or town) (State or country): Mich

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date April 3 1933

19. UNDERTAKER: J. W. Cook

(Address) 1317 E. Pratt St.

20. FILED APR 31 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933, to March 30, 1933

I last saw him alive on March 30, 1933. Death is said to have occurred on the date stated above, at 1130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic delirium	3.16.33
Auricular fibrillation	?
Bronchopneumonia	3.30.33

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wendell Ulmer M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89051 (3/6) — E 89051

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 N. Fremont St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara C Farrell 17-01

(a) Residence: No. 837 Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oscar Farrell

6. DATE OF BIRTH (month, day, year) July 30, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Accomac Co
(State or country) Va

FATHER

13. NAME John Custis
14. BIRTHPLACE (city or town) Accomac Co
(State or country) Va

MOTHER

15. MAIDEN NAME Laura Custis
16. BIRTHPLACE (city or town) Accomac Co
(State or country) Va

17. INFORMANT Laura Young
(Address) 837 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem. Date April 1, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Edmondson Ave

20. FILED MAR 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1933, to 3/26, 1933
I last saw ..... alive on 3/25, 1933 death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Nephritis + Uremia	
Other contributory causes of importance: Abscessed Tonsils	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Burke Slutter, M. D.

(Address) 837 Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89052

HEALTH DEPARTMENT—CITY OF BALTIMORE 89052

CERTIFICATE OF DEATH

136-001

1. PLACE OF DEATH University Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. (Accident Room) Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

17-01

2. FULL NAME Oliver Jiggetts

(a) Residence: No. 856 Hartford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Grandson Jiggetts

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Viola Jiggetts

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Major E. Jiggetts
(Address) 1365 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 2 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 227 E Lexington St.

20. FILED Huntington Williams Reg.

APR 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-26-33, 19..., to 3-30-33, 19...

I last saw h.m alive on 3-30-33, 19... Death is said to have occurred on the date stated above, at 1.35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis (?)	3 26

Other contributory causes of importance:

Multiple cerebral thrombosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Arroon Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89053

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2. S. Broadway St., Ward) 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Constance McComas

(a) Residence: No. 2 S. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 14th 1856

7. AGE: Years: 76 | Months: 7 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Stephen C McComas

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Angelina Parker

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Parlett Brenton

(Address) 2 Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Apr 3 , 1933

19. UNDERTAKER: George J Smyth

(Address) 1532 Hollins St

FILED APR 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 31 , 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23 , 1933 to March 31 , 1933

I last saw her alive on March 31 , 1933 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Carcinoma	
Cardiac Sclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	March 31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] Emmons M. D.

(Address) 1400 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 89054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89054

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Monroe St. ST., WARD) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Rettner.

(a) RESIDENCE No. 517 S. Monroe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widower

5a If married, widowed, or ~~XXXXXX~~ HUSBAND of (or WIFE of) ~~XXXXXXXXX~~ Elizabeth Rettner

6 DATE OF BIRTH (month, day, and year) February 22, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Benedict Rettner. (son)

(Address) 517 S. Monroe St.

15 Date received MAR 31 1933

12 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

3/31/1933 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Apr. 1st 1933

20 UNDERTAKER: George L. Schnabel — ADDRESS: 201 Eutaw Pl.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 89055

89055 68

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 25-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Scaggs

(a) Residence: No. 3110 Brightwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or wife of)~~ Sallie Scaggs

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE — Years: 70 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired clerk Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Scaggs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED APR 31 1933 Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933 to March 30 1933

I last saw him alive on March 30 1933 Death is said to have occurred on the date stated above, at 8 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric infarction ?	3-29-33
Cardiac failure ?	3-10-33

Other contributory causes of importance:

Diabetes mellitus ?	10 years
hypertension - arterio-sclerosis	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Schumacher M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 89056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Williams

(a) Residence: No. 2614 Francis St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Thomas Williams.

6. DATE OF BIRTH (month, day, year) March 19th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. employed at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Carmel Cyprus

FATHER

13. NAME Lillian Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Simon

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Wife

(Address) 2614 Francis St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 3 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1933 to Mar 30 1933

I last saw h[illegible] alive on Mar 30 1933 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	Dec 1932
Other contributory causes of importance:	
Pneumonia	Mar 26 33
Peritonitis	Mar 28 33

Name of operation Exp. Gastro enterostomy Date of Mar 25-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Burbridge M. D. M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89057 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89057

CERTIFICATE OF DEATH

X 188

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Howard Ruby

(a) Residence: No. 4423 Wilkens Ave St., Ward. Ellicott City Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Feb. 24, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Ruby

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lina Hauser

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Alice Ruby

(Address) 4423 Wilkens Ave Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Leister's Cem (Howard County) Date Apr 1, 1933

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md.

FILED APR 3 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27-, 1933, to 3-29, 1933

I last saw him alive on 3-29, 1933 Death is said to have occurred on the date stated above, at 3.15 P. m.

The principal cause of death and related causes of importance were as follows:

Fracture of 4th, 5th, 6th, 7th, 8th & 9th ribs of right side, with perforation of 4th rib into pleura & lung. — Date of onset

Other contributory causes of importance:

Hemo-pneumo thorax

Shock

Kicked by a horse accidental

No Inquest necessary

Name of operation ... Date of ...

What test confirmed diagnosis? Clot Herbandt Md Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? Milton Farm Dairy, Wilkens Ave & Walden store Rd March 27-33

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Kicked by a horse

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? W. A. If so, specify

(Signed) Van Arno M. D.

(Address) St Agnes Hos

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89058 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89058

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester Preston 26-01

(a) Residence: No. 4253 Nicholas Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept 29 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Arthur Preston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alia Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Md Date Oct 2 1933

19. UNDERTAKER Hy Garrison & Sons
(Address) 1 E Baltimore St Baltimore, Md

Registered

OCT 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Other contributory causes of importance:	
Ruptured Appendix	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) B. Brooks M.D. M. D.
Coroner

(Address) 1305 St Paul St

M. D. B. 1269-9

89059

HEALTH DEPARTMENT—CITY OF BALTIMORE

89059

CERTIFICATE OF DEATH

X 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Henry Hospital St., Ward) 4-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Nelson

(a) Residence: No. Ellicott City, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Nelson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Watkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Undertaker Date Apr. 3 1933

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED APR 1 - 1933 Huntington Pollock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1933 to 3/31 1933

I last saw him alive on 3/31 1933. Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerhus Carcinoma of neck	2

Other contributory causes of importance:

Edema of epiglottis	5 days

Name of operation Biopsy cervical gland Date of 3/15/33

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Goodman M. D.

(Address) Henry Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89060

CERTIFICATE OF DEATH

93-003

E 89060

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S Bethel St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Arendt 2-01

(a) Residence: No. 612 S Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ellerer

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. MAIDEN NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Stataus

(Address) 612 S Bethel

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 1, 1933

19. UNDERTAKER J. Wagamuth

(Address) 1430 Eastern Ave.

Huntington Williams

APR 1 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Not Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. F. Kerr M. D.
Coroner

(Address) 1305 N Bethel

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

89061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89061

CERTIFICATE OF DEATH

92-001

I. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1814 N. Mount St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther L. Hawkins 15-01

(a) Residence: No. 1814 N. Mount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widow dec'd Hawkins

6. DATE OF BIRTH (month, day, year): [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md

FATHER

13. NAME Ephraim Lowe
14. BIRTHPLACE (city or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Mahoney
16. BIRTHPLACE (city or town) ..... (State or country) Md.

17. INFORMANT Ellen Hawkins
(Address) 1618 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mont Jem Cem Date April 1, 1933

19. UNDERTAKER John H. Crews
(Address) 533 Dolphin St

20. FILED [illegible] Huntington Millhauser, M.D.
Registrar.

APR 1 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/26/, 1933, to 3/29/, 1933
I last saw her alive on 3/28/, 1933 death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/27/33

Other contributory causes of importance:

Arteriosclerosis & Mitral Regurgitation	1 yr

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Jones Bayley M. D.
(Address) 1579 N. Carrollton

M. D. B. 1268-9

E 89062

89062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward) 20-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary J McCarthy

(a) Residence: No. 711 S Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J McCarthy Jr.

6. DATE OF BIRTH (month, day, year) Unknown 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Burns

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr John J McCarthy Jr.

(Address) 711 S Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/3/ 1933

19. UNDERTAKER John J Howard & Son

(Address) 901 W Pratt St.

20. FILED Apr 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30 1933 to March 31 1933

I last saw her alive on March 31 1933 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	about 3/26/33
Left upper	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert U. Aleman M. D.

(Address) St. Agnes Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89063

HEALTH DEPARTMENT—CITY OF BALTIMORE 89063

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH St. Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No. Wilkins & Caton Ave St., Ward) 27-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Hattie Volkert. (Hedwig) Volkert

(a) Residence: No. 2704 Woodsdale Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Volkert

6. DATE OF BIRTH (month, day, year) June 7-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	25 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louis Volkert

(Address) 2704 Woodsdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/3 19 33

19. UNDERTAKER F. S. Kupfrian

(Address) 500 Eutaw Place

20. FILED APR 1 1933 Huntington Wallace Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1933, to March 30, 1933

I last saw h alive on March 30, 1933. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	3/30/33
Hypostatic Pneumonia	

Other contributory causes of importance:

C.P.C. of Liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Allen M. D.

(Address) 14 Aqua Terrace

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

89064

E 89064

CERTIFICATE OF DEATH

82-001

Registered No. 24-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 E Clement St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 8 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annabell Richards

(a) Residence: No. 417 E Clement St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Richards

6. DATE OF BIRTH (month, day, year) Dec 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Richards

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Sitler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Howard Jessamin

(Address) 1420 Marshall St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 3 1933

19. UNDERTAKER H. Howard Evans

(Address) 1625 Gilmor St

FILED APR 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from during previous 10 yrs to Mar. 30. 33. 19...

I last saw her alive on Mar. 30, 1933. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hemorrhage	Mar. 27 1933
Other contributory causes of importance:	
Arterio Sclerosis.	10 yrs. previous

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Philip B. Fowler M. D.

(Address) 1437 William St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 89065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89065

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2426 Edmondson Ave ST., WARD) 16-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin P. Scott

(a) RESIDENCE NO. 2426 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Hartman Scott

6 DATE OF BIRTH (month, day, and year) Sept 1st 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 89	90	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Not

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Polk Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Mrs Lauretta Parks

(Address) 2426 Edmondson Ave

15 Filed APR 1 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1933

17 I HEREBY CERTIFY, That I attended deceased from June 1932 to March 30 1933.

that I last saw him alive on March 2 1933.

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Generalized arterio sclerosis

Chronic Pyoauchyostones nephritis (duration) Several years.

CONTRIBUTORY (Secondary) Chronic myocardial disease with compensation failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Michel M. D.

March 31 1933 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 4 | 3 | 1933

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson Ave

M. D. B. 1268-9

89066 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89066

CERTIFICATE OF DEATH

X 59

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hospital St., Ward) 4-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~1~~ 2 yrs. ~~1~~ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Englehart

(a) Residence: No. Dorsey Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Lelia M. Englehart

6. DATE OF BIRTH (month, day, year) May 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Englehart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Harner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter S. Englehart
(Address) Forrest Ave Dorsey Md

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Cemty Date 4/2/33.

19. UNDERTAKER Harry A. Little
(Address) 1016 Fremont Ave

20. FILED APR 1 1933 Harry A. Little Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1933, to Mar 31, 1933

I last saw h alive on Mar 31, 1933. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison - Biermer Anemia	2 yrs (1931)
Other contributory causes of importance: Bronchial Pneumonia	Mar 27
Diabetes mellitus	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Saunders M. D.

(Address) University Hospital

M. D. B. 1268-9

E 89067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89067

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1354 Whatcoat St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. + most + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Hall — 15-01

(a) Residence: No. 1354 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Hall

6. DATE OF BIRTH (month, day, year) Aug 20 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Maryland

FATHER

13. NAME Aron Cross

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Maryland

MOTHER

15. MAIDEN NAME Cecilia

16. BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

17. INFORMANT Pearl Gray

(Address) 1354 Whatcoat

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date April 1 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED R 1 1933 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/29, 1933 to 3/30, 1933.

I last saw h[illegible] alive on 3/29, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy 2 days	
Other contributory causes of importance: arterio sclerosis chronic nephritis	

Name of operation Date of

What test confirmed diagnosis? Urine + Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

A4Co. 5-31 250B

E 89068 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89068

CERTIFICATE OF DEATH

95-002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1361 N. Calhoun St., ... Ward)
Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E Foster 15-01

(a) Residence: No. 1361 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colrd	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Foster

6. DATE OF BIRTH (month, day, year) Oct- 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER
13. NAME Wesley Foster
14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER
15. MAIDEN NAME Rosie Bra
16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Mrs. Susie Leighman
(Address) 1361 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Co Md Date April 2 1933

19. UNDERTAKER Thomas E. Kelam
(Address) 1303 Presstman st.

FILED ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29th 1933

I HEREBY CERTIFY, That I attended deceased from Mar 9th 1933 to Mar 29th 1933

I last saw h... alive on Mar 9 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	about 3 yrs ago
Senility	6 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas E Bell M. D.
(Address) 7130 Belmont Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89069

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Westcott St., ... Ward)

Length of residence in city or town where death occurred 05 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos Jennings - 16-01

(a) Residence: No. 1026 Westcott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana

6. DATE OF BIRTH (month, day, year) Jan 1883

7. AGE — Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Co Md

FATHER

13. NAME Thos Jennings

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucinda Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cornelia Peter

(Address) 1246 N. Front St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date April 1 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED Apr 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 years

Other contributory causes of importance:

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

M. D. B. 1268-9

89070 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89070

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 93-003

CITY OF BALTIMORE: (No. Baltimore, Md St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Bacon — 7-01

(a) Residence: No. 1709 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) 1-13-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte Co, Va

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Charlotte County Va

MOTHER

15. MAIDEN NAME Sally Gaines

16. BIRTHPLACE (city or town) (State or country) Charlotte County Va

17. INFORMANT Records Bath City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Drake's Brand Va Date April 6 1933

19. UNDERTAKER Mrs R.A. Elliott
(Address) 1129 N. Carrollton Ave.

20. FILED Huntington Williams, Registrar.

1000

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20-1933 to 3-30-1933

I last saw him alive on 3-30-1933 Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerosis	2-1-33

Other contributory causes of importance: None

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-30-33 (Signed) Edwin Bigbee Jr M. D.

(Address) Bath. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89071

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Robinson 12-01

(a) Residence: No. 3300 Brentwood ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Robinson

6. DATE OF BIRTH (month, day, year) Sept. 11, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as sill mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sykesville
(State or country) Maryland

FATHER

13. NAME Henry Robinson

14. BIRTHPLACE (city or town) .....
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Josephine Stansberry

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 1937

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 129 N. Caroline St.

20. FILED 1 1933 Huntington, Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933 to March 30, 1933

I last saw him alive on March 30, 1933 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Shaw, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

M ✓

89072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210-001 E 89072

Registered No. E-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Rosa A. Akins.

(a) Residence: No. 2024 E. Preston St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Akins.

6. DATE OF BIRTH (month, day, year) Sept. 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hired. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dunn. North Carolina.

FATHER

13. NAME J.B. Holland.

14. BIRTHPLACE (city or town) (State or country) Dunn North Carolina.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Dunn North Carolina.

17. INFORMANT William Holthaus(son-in-law)
(Address) 409 S. Bonsal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Apr. 1 1933

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Wolfe St.

APR 1 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29 1933.

22. I HEREBY CERTIFY, That I attended deceased from many 19 , to 19 I last saw h alive on many 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Date of onset 3/29/33
Shock

Other contributory causes of importance:

Automobile Accident — 3/29/33

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/29 1933
Where did injury occur? Washington & Dove (Clifton Park.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Struck by auto while
Nature of injury crossing Street on foot.

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.
Coroner
(Address) 2200 E Monument St

M. D. B. 1268-9

89073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 89073

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward) 14-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander C. Weiller — Alexander C. Weiller

(a) Residence: No. 1522 Linden Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rubber Goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 066

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Weiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Steiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rev. Dr. Strauss

(Address) Emanuel Temple

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Date 4/ 1 1933

19. UNDERTAKER Reid Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19..

Signature of Registrar

R 1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29th, 1933 to March 31st 1933

I last saw him alive on March 31, 1933. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. Arterio Sclerosis.	
Lobar Pneumonia	3/26/33
Pneumonia	3/29/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto S. Konrad, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89074

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89074

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Alexander Kreeger 28-01

(a) Residence: No. 3717 Mellard Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	81	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christoph Kreeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Seniger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albertina Kreeger Daughter
(Address) 4904 Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 4/4/33 19....

19. UNDERTAKER Harry N. Angeost & Son
(Address) 4204 Ridgewood Ave

APR 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1933 to 4-1 1933

I last saw him alive on 4-1 1933 Death is said to have occurred on the date stated above, at 12:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied prostate	6-1-32
Other contributory causes of importance: Myocardial failure	3-30-33

Name of operation Prostatic resection Date of 3-4-33

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89075

E 89075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 S. Lehigh St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Kelly

(a) Residence: No. 642 S. Lehigh St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Kelly

6. DATE OF BIRTH (month, day, year) July 13, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Gumpman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dora Brem

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. M.T.Kelly (Son)

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Apr. 3. 1933

19. UNDERTAKER HENRY SANDER & SONS. INC

(Address) Baltimore St. & Broadway.

20. FILED APR 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1933, to March 30th, 1933

I last saw her alive on March 29, 1933. Death is said to have occurred on the date stated above, at 10.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder. Indefinite	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Jod M. D.

(Address) 4616 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

E M. 89076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89076

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Josephs Hosp. 25-61 Registered No.
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Walter Reichenmeister

(a) Residence: No. 3717 3rd St. Brooklyn Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Reichenmeister

6. DATE OF BIRTH (month, day, year) March 16, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 25 1933

11. Total time (years) spent in this occupation. 8 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad J. Reichenmeister

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Barbara McHoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Reichenmeister
(Address) 3717 Third St

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Park Date April 3, 1933

19. UNDERTAKER H. Sanders & Sons Inc
(Address) 1716 E. Lexington St

FILED APR 1933 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1933, to Mar. 30, 1933

I last saw him alive on Mar. 30, 1933 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/21/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Wagner Kelly M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89077

HEALTH DEPARTMENT—CITY OF BALTIMORE 89077

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Balto. Md St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? 14-01 yrs. ..... mos. ..... ds.

2. FULL NAME Robert Matte

(a) Residence: No. 421 Mosher St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 04

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mathon ?

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4/3/33 19

19. UNDERTAKER Mrs. Eliz. H. Holland
(Address) 1031 Druid Hill Ave

20. FILED [illegible] 19[illegible]

R 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-33

22. I HEREBY CERTIFY, That I attended deceased from 1-23-33 to 3-31-33 19

I last saw h[illegible] alive on 3-31-33 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	3-31-33

Other contributory causes of importance:

Hemorrhage into cerebrum	5-1-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

3-31-33 (Signed) Thos. Hibbert M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

89078

HEALTH DEPARTMENT—CITY OF BALTIMORE 89078

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1319 Lanvale St., ... Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Lawrence

(a) Residence: No. 1319 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. H. Lawrence

6. DATE OF BIRTH (month, day, year): Apr. 19 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Geo. Lockeman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lottie Hetherington

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Addie Lawson

(Address) 1319 Lanvale

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Zion Date 4/3/33 19..

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED ..... 19..... ..... Registrar.

4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1933 to Mar 31, 1933

I last saw h.. alive on Mar 30, 1933 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank E. Hanson M. D.

(Address) 627 N. Schroeder

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89079 E 89079

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 E Oliver St Ward) 8-61

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin T Bright

(a) Residence: No. 2239 E Oliver St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7, 850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Bright

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ann Montague

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dora Langhorne

(Address) 2239 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 3. 1933

19. UNDERTAKER Henry Lutz

(Address) 1203 N Broadway Huntington Station, N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 to 19

I last saw h alive on March 19 Death is said to have occurred on the date stated above, at 3 60 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right femur	3/27/33
Shock	
Other contributory causes of importance:	
Automobile Accident	3/27/33

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/27 1933

Where did injury occur? Oliver St & Patterson Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. H. 1268-9

E 89080 ✓ E 89080

E ~~89125~~ E ~~89125~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Bentrup 26-51

(a) Residence: No. 1518 Charlotte Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Conrad Bentrup

6. DATE OF BIRTH (month, day, year) 7-14-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 39

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Beckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Fraba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Conrad Bentrup
(Address) 1518 Charlotte Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 4, 1933

19. UNDERTAKER F. Supplee Sons Inc.
(Address) 1210 Pennsylvania Ave Huntington Williams, N.Y.

20. FILED APR 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Zeller M. D.
Coroner

(Address) 2159 Eastern Ave

M. D. B. 1268-9

89081

HEALTH DEPARTMENT—CITY OF BALTIMORE

89081

CERTIFICATE OF DEATH

V 45

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Harford Ave. Ward) 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Rzepecka

(a) Residence: No. 1805 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Rzepecka

6. DATE OF BIRTH (month, day, year) Oct 24, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 yrs.	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) 2/32

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) New York City N. Y.

FATHER

13. NAME John Mach

14. BIRTHPLACE (city or town) (State or country) Bohemia Austria

MOTHER

15. MAIDEN NAME Mary Lemanek

16. BIRTHPLACE (city or town) (State or country) Bohemia Austria

17. INFORMANT Emil Rzepecka

(Address) 1805 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date April 3, 1933

19. UNDERTAKER Edward W. Costello

(Address) 624 E. Eager St.

20. FILED April 1 1933 Hampton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to March 30, 1933

I last saw her alive on March 29, 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Antrum Maxillary & Cheek	

Other contributory causes of importance:

Carcinoma of Liver

Name of operation Biopsy Date of Jan 31

What test confirmed diagnosis Microscopic Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. O. Cameron M. D.

(Address) 1703 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89082

CERTIFICATE OF DEATH

V 170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Dawson 12-01

(a) Residence: No. 3418 University Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Dawson

6. DATE OF BIRTH (month, day, year) Jan. 6, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auction business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office 086

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. W. Dawson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Simmons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife

(Address) 3418 University Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 3, 1933

19. UNDERTAKER John J. Tucker & Sons

(Address) 1 Eutaw Pl

20. FILED Oct 3 1933 Clinton Wright Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-27-33, 19 to 3-31-33, 19

I last saw h. alive on 3-31-33, 19 Death is said to have occurred on the date stated above, at 9:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic colitis	
Acute empyema & early gangrene of the lung	
Other contributory causes of importance:	
Exploratory	

Name of operation Laparotomy (abdominal) Date of 3-28-33

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W. Taylor M. D.

(Address) Mercy Hospital

R 1-1933

M. D. B. 1268-3

89083

HEALTH DEPARTMENT—CITY OF BALTIMORE

89083

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 E. 25th St., Ward) 12-C

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME William Keeler Burgee

(a) Residence: No. 311 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie E. Burgee

6. DATE OF BIRTH (month, day, year) Apr. 15/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector 12.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brager-Eisenberg

10. Date deceased last worked at this occupation (month and year) 4 Yrs R Co

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mich E. Burgee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Lawson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sadie E. Burgee

(Address) 311 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL Place Peaceful Grove Md. Date Apr 2. 1933

19. UNDERTAKER Wm Pickyer Sons

(Address) Ellicott & Fulves. Huntington Millsville, Md.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/1/32 19.., to 3/30/33 19..

I last saw h.. alive on 3/30/33 19.. Death is said to have occurred on the date stated above, at 7.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1

Other contributory causes of importance:

Senile Debility	4 Months

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gaddess M. D.

(Address) 311 E 25

OCCUPATION is very important. See instructions on back of certificate.

R1-1933

M. D. B. 1268-9

E 89084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89084

CERTIFICATE OF DEATH

V 164-001

Registered No. 15-[illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Walbrook St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Virginia

2. FULL NAME Nina Blandon

(a) Residence: No. 3108 Walbrook St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benj Blandon

6. DATE OF BIRTH (month, day, year): Dec 29 1875

7. AGE: Years 57, Months 3, Days 2, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm F. Reed

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Jennie Brumbaugh

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Blanche Warring

(Address): 3108 Walbrook

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Apr. 3 1933

19. UNDERTAKER: Wm J Tuckey's Sons

(Address): Baltimore Md

20. FILED: [illegible] 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31st 1933

22. I HEREBY CERTIFY That I attended deceased from [illegible] 19[illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Illuminating Gas	
Sudden	

Other contributory causes of importance:

Name of operation: Autopsy Date of: 4/2

What test confirmed diagnosis: [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible]

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible]

If so, specify [illegible]

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

M. D. B. 1268-9

970604

E 89085 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89085

CERTIFICATE OF DEATH

V46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward) 7-a-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Spring, alias Charles C. Breen

(a) Residence: No. 2024 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk J. H. H.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Joseph O'Breen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Johnson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmell Date 4/2 1933

19. UNDERTAKER Joseph Ahrens
(Address) 224 Saratoga
Huntington Williams, Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1933 to Mar. 30, 1933

I last saw him alive on Mar. 30, 1933 Death is said to have occurred on the date stated above, at 1:17 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	3 mo.

Other contributory causes of importance:

Cachexia	
Medicastinitis	

Name of operation Gastrostomy Date of 3-7-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

2-1933

M. D. B. 1268-9

89086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 89086

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 8-01

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Lubrano

(a) Residence: No. 2105 E. North ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Lubrano

6. DATE OF BIRTH (month, day, year) Dec. 20, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Manone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Barraco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 3, 1933

19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Baltimore

20. 1933 [illegible] Baltimore, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1933 to March 31, 1933

I last saw her alive on March 31, 33. Death is said to have occurred on the date stated above, at 5.20 m. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 89087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89087

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 E. 35th Street St., Ward)

Length of residence in city or town where death occurred 60 years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Heaps

(a) Residence: No. 530 E 35th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25, 1846

7. AGE Years	Months	Days	If LESS than 1 day
86	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Swartz

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Rice

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Margaret C. Moore

(Address) 530 E. 35th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. April 3, 1933

19. UNDERTAKER George E. Kuth, Inc.

(Address) 1235 Hartford Ave. Melville Jenkins

20. FILED 2-1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to March 31, 1933

I last saw her alive on March 30, 1933. Death is said to have occurred on the date stated above, at 6.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arterio-sclerosis	
Other contributory causes of importance:	
Asthenia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. J. Schmitt M. D.

(Address) 701 N. Kenwood Ave.

M. D. B. 1268-9

89088

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 89088

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Eierman Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Rutledge 27-01

(a) Residence: No. 4105 Eierman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lou Rutledge

6. DATE OF BIRTH (month, day, year) Sept 21st 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printering 60

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Rutledge

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Snyder

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo R. Ellsler

(Address) 599 West End Ave N. Y. City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 3rd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS OF BACK OF CERTIFICATE.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933 to March 31, 1933

I last saw ~~him~~ alive on March 31, 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 28/33

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) 1 Medical Arts Building

M. D. B. 1268-9

89089

HEALTH DEPARTMENT—CITY OF BALTIMORE 89089

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., ... Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Parsons

(a) Residence: No. 30 So East St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Parsons

6. DATE OF BIRTH (month, day, year): Aug. 11-1855

7. AGE: Years 77 | Months 8 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Anthony Fratis

14. BIRTHPLACE (city or town) (State or country): Portugal

MOTHER

15. MAIDEN NAME: Ann Hopkins

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Record Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Apr 5th 1933

19. UNDERTAKER (Address): Wm Cook 127 E Paul St

20. FILED: 2-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1 . 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14 1933 to April 1 1933

I last saw h[illegible] alive on April 1 1933 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (multiple)	1920?
Other contributory causes of importance: Broncho pneumonia	3-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Bragell M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

89090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89090

CERTIFICATE OF DEATH

108

Govans

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Woodbourne Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

27-01

2. FULL NAME Lottie A Cussens

(a) Residence: No. 622 Woodbourne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
18	19	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor $0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Solomon's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

FATHER

13. NAME Charles A Cussens

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Ora Shaw

16. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

17. INFORMANT C O Cruikshanks

(Address) 506 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Green Hill Cemetery

Place Waynesboro Pa Date April 3rd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 2-1933 Thomas Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933, to March 30, 1933

I last saw her alive on March 30, 1933. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 27
Chr Myocarditis	1925
Other contributory causes of importance:	
Toxemia	March

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. H. Bishop M. D.

(Address) 501 Shenandoah

M. D. B. 1268-9

E 89091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

E 89091

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Eutaw Place St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 16 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lelia Elizabeth Rowley 14-01

(a) Residence: No. 1604 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	white	widow

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Eugene H. Rowley

6. DATE OF BIRTH (month, day, year) Aug. 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm Truitt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Esther Perkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Esther Fiske, daughter
(Address) White Plains, N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Girdletree Worcester Co Md. Date April 3rd 1933

19. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

20. FILED 2 - 1933 Huntington Hall Be Mor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 16 mos. ago 19..... to April 1 1933

I last saw h.. alive on March 31, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anaemia	about 3 years ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Schmoll, M. D.

(Address) 3310 Tivoli Parkway

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

89092 E 89092

CERTIFICATE OF DEATH

59V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Nellie Goldstein 15-01

(a) Residence: No. 4250 Pimlico St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Fem

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1864

7. AGE

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ester Goldstein (Address) 4250 Pimlico

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Cemetery Date 4/2/33

19. UNDERTAKER Jacob Rubin & Sons (Address) 1732 E. Baltimore St.

20. Filed 4-2-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29 1933

I last saw h... alive on March 29, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
few hours	

Other contributory causes of importance

Coronary Thrombosis and Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Feinblatt Coroner M. D.

(Address) Coroner

M. D. B. 1168-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89093

CERTIFICATE OF DEATH

46 VE 89093

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., (Ward) 13-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. 4 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Coplan

(a) Residence: No. Madison Ave. & Cloverdale Rd St., Ward. Temple Garden Apt

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Helen S. Coplan

6. DATE OF BIRTH (month, day, year) March 27 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year) Feb 5, 1933

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Elias Coplan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Zelda Falz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Brother-in-law

(Address) 2436 Calow Ave, Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 4/2/33 19

19. UNDERTAKER Fish Funeral Inc.

(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1933 to Apr. 1, 1933

I last saw him alive on Apr. 1, 1933 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal carcinomatosis	Jan 1933

Other contributory causes of importance:

Name of operation Herniaplasty Date of 2-10-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Tom Pumakoff M. D.

(Address) Temple Gardens Apts.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

89094 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89094

CERTIFICATE OF DEATH 106-102

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Appleton St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

2. FULL NAME Ephram Weinstein 15-61

(a) Residence: No. 1735 Appleton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sam Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT E. Weinstein
(Address) 2311 Whitelock Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date 4, 7, 33, 19

19. UNDERTAKER Cull Funeral Home
(Address) 1437 Eutaw St

20. 1933 Hampton Phillips, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/33, 19

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to April 1, 1933

I last saw h. alive on April 1, 1933 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/27/33

Other contributory causes of importance:

Emphysema
Diabetes Mellitus

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 89095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89095

CERTIFICATE OF DEATH

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 E Eager St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds. 10 mo

2. FULL NAME Burgess D. Myers

(a) Residence: No. 835 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Shaye

6. DATE OF BIRTH (month, day, year) Mar 9 71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Wm. Myers

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Jane Burns

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Myers
(Address) 835 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Northwood Date Apr. 3 1933

19. UNDERTAKER Ira Wedefield
(Address) 914 Freemont Ave

FILED 4-2-1933 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3. 30. , 1933

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1932 to March 30, 1933

I last saw h[illegible] alive on Feb 27, 1933. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	3.30 33
Other contributory causes of Importance:	
Hypertension - Essential	1930.
Hemiplegia - right side.	(Mar. 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? P E Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Glass M. D.

(Address) 1531 E. Monument

M. D. B. 1368-9

89096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 V E 89096

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 13 E. Read St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

11-01

2. FULL NAME May G. Fallon

(a) Residence: No. 13 E. Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) May 27, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Michael Fallon

14. BIRTHPLACE (city or town) --------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Keating

16. BIRTHPLACE (city or town) --------
(State or country) Baltimore Co., Md.

17. INFORMANT Miss Anna M. Dawson
(Address) 13 E. Read Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's, Texas Date 4/3 1933

19. UNDERTAKER Henry U. Meyers and Son
(Address) 805 N. Eutaw St.

20. FILED [illegible] Registrar.

-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1931, to April 1, 1933

I last saw him alive on Mar. 31, 1933. Death is said to have occurred on the date stated above, at 7 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast.	Oct 1931
Other contributory causes of importance: Metastases in lungs	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) C. Morley Strong, M. D.

(Address) 729 Madison Ave

M. D. B. 1268-B

E 89097 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89097

CERTIFICATE OF DEATH

484 107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Bauldin 5-01

(a) Residence: No. 204 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, year): unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Edward Bauldin

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annie Weber

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: 4/4 1933

19. UNDERTAKER: Samuel T. Hemsley

(Address): 578 W Biddle St

20. FILED 1933 [illegible] Registrar

RPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28 1933 to March 31 1933

I last saw h.m alive on March 31 1933 Death is said to have occurred on the date stated above, at 8:40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Bronchopneumonia	3/25/33

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carmichael Leishman M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89098 X 34 E 89098

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Just came yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Carter

(a) Residence: No. Glenburnie, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) Sept 15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date March 2nd 1933

19. UNDERTAKER Samuel T. Hunstock Jr.
(Address) 798 N. Bentalou St.

20. Huntington Williams M.D.
Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/33

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1933 to 3/30, 1933

I last saw him alive on 3/30, 1933. Death is said to have occurred on the date stated above, at 0.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1 hr
Prolapsed rectum	
Arteriosclerosis C.V. disease	
Hydrocele	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gardner, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

89099 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89099

CERTIFICATE OF DEATH.

34

REGISTERED NO....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Myrtle ST.; WARD) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvester Edward Henry

(a) RESIDENCE. NO. 1408 Myrtle ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Henry

6 DATE OF BIRTH (month, day, and year) June 6 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer New Amsterdam Casualty Co. Philadelphia Pa

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER George Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa

12 MAIDEN NAME OF MOTHER Amelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Anna Henry (Address) 1408 Myrtle Ave

15 [illegible] Huntington Williams Registrar

2-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1933

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to March 30, 1933, that I last saw h/m alive on March 30, 1933, and that death occurred, on the date stated above, at 10-55 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency (duration) yrs. 6 Weeks ds.

CONTRIBUTORY (Secondary) Hemiplegia Left Side of Body (duration) yrs. mos. 6 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

3/31, 1933 (Address) 1209 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4/3/33

20 UNDERTAKER Samuel P. Hemsley

ADDRESS 378 N Bridge

TION IS very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 89100 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 89100

CERTIFICATE OF DEATH

59 V

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 214 Dolphin ST ..... WARD) 11-01

2-FULL NAME Addie Woodson

(a) RESIDENCE NO. 214 Dolphin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of John N. Woodson

6 DATE OF BIRTH (month, day, and year) 2/7/1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48		1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Danville Va.

PARENTS

10 NAME OF FATHER Jones Hack.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Hatcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John N Woodson
(Address) 214 Dolphin St

15 4-1-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1-33

17

I HEREBY CERTIFY, That I attended deceased from May 4th, 1932, to March 31-1933

that I last saw h[er] alive on March 31-1933

and that death occurred, on the date stated above, at 12 33 a m

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 3?? mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. B. Hughes M.D.

April 1 1933 (Address) 1413 Druid Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 4/3 1933

20 UNDERTAKER Samuel F Hemsley

ADDRESS 578 N Biddle

M. D. R. 1268-9

E 89101 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 57 V **E 89101**

Registered No. .....

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. 3005 Brighton St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da. 16-01

2. **FULL NAME** Charles A. Nunnally

(a) Residence: No. 3005 Brighton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. **DATE OF BIRTH** (month, day, year) Dec. 14 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. **BIRTHPLACE** (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Robert E. Nunnally

14. **BIRTHPLACE** (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Sarah F. Meanley

16. **BIRTHPLACE** (city or town) Va.
(State or country)

17. **INFORMANT** Mrs. Warfield
(Address) 3005 Brighton

18. **BURIAL, CREMATION, OR REMOVAL**
Place Cedar Hill Date 4/4 1933

19. **UNDERTAKER** L. Frew McCully
(Address) 13a E. Fort Huntington Williams Mgr.

20. Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH** (month, day, year) 4-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12th, 1933, to Apr. 1st, 1933

I last saw h— alive on 4/1— 1933. Death is said to have occurred on the date stated above, at 6.30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Degenerata	1926
Other **contributory causes** of importance:	
Acute Gastritis	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No

Manner of injury X

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Hamburger M. D.

(Address) 340 S. Charles St

1-30—M. & T.—100 B—50L

E 89102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89102

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E. Randall St. ST., WARD) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dowden.

(a) RESIDENCE NO 107 E. Randall St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (XXXXXXX) Carrie Dowden.

6 DATE OF BIRTH (month, day, and year) July 28, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Iron worker.
(b) General nature of industry, business, or establishment in which employed (or employer): 019
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James E. Dowden.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie Jenkins.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Viola Parks. (daughter)
(Address) 107 E. Randall St.

15 Filed ..... 192 Huntington Pittsburgh, Pa. Registrar

4-1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

4/1/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 4/3 1933

UNDERTAKER I. Frew McCully

ADDRESS 130 E Front

M. D. B. 1268-9

E 89103 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131 E 89103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 E Pratt St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 3-01 yrs. mos. ds.

2. FULL NAME Ida Resnick

(a) Residence: No. 1526 E Pratt St. St., Ward. 10 36

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Stoler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie Caplan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Resnick

(Address) 2903 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Int. Comp. Date April 2, 1933

19. UNDERTAKER A. L. Levinson & Bro

(Address) 1127 E Baltimore St.

20. [illegible] 1933 Huntington Fridiaues, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1928, to April 1st, 1933

I last saw h 4 alive on April 1st, 1933. Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
with hypostasis	For
Arterio-Sclerosis	years
Chronic nephritis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Fleis M. D.

(Address) 24 Lombard

M. D. B. 1268-9

89104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89104

CERTIFICATE OF DEATH

181 V

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Rotican 28-01

(a) Residence: No. Mt Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 18. 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Rotican

14. BIRTHPLACE (city or town) (State or country) Galway Ireland

MOTHER

15. MAIDEN NAME Mary Egan

16. BIRTHPLACE (city or town) (State or country) Galway Ireland

17. INFORMANT Mt Hope Records (Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date April 3 1933

19. UNDERTAKER Bloomhoff Funeral Co. (Address) 108 Mount Ave.

20. 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to April 1 1933

I last saw h[illegible] alive on March 30 1933. Death is said to have occurred on the date stated above, at 1.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
Pulmonary Embolism	
following Scald	

Other contributory causes of importance:

Senescence	1914

Name of operation None Date of

What [illegible] confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 31 1933

Where did injury occur? Bath tub. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Turned on hot water and

Nature of injury scalded entire body.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley P. Hill M. D.

(Address) Mt Hope Retreat

M. D. B. 1268-9

89105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89105

CERTIFICATE OF DEATH

46V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 E Monument St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 10 yrs. 01 mos. ... ds.

2. FULL NAME Frank A Personnede

(a) Residence: No. 1212 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced (write the word)~~
Male	White	Widower

3a. If married, widowed, or divorced RUSBAND of (or) ~~WIFE of~~ The late Anna Katherine Pers

6. DATE OF BIRTH (month, day, year) Sept 2nd 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometry 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Optometrist

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME ———

14. BIRTHPLACE (city or town) (State or country) ———

MOTHER

15. MAIDEN NAME ———

16. BIRTHPLACE (city or town) (State or country) ———

17. INFORMANT Miss Anna Barrett
(Address) 1212 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 3rd 1933

19. UNDERTAKER George H Schilling
(Address) 1124 E Monument St

20. F[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1932 to March 31 1933

last saw him alive on March 31 1933 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance: Edarrhoea	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. H. Young M. D.

(Address) 1819 St Paul St.

M. D. B. 1268-9

E 89106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89106

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W. University Parkway, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bradley T. Stokes 12-01

(a) Residence: No. Guilford Manor Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Late Maria L Stokes

6. DATE OF BIRTH (month, day, year) Aug 21 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H Stokes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary L Taylor

16. BIRTHPLACE (city or town) (State or country) Federal Co Md

17. INFORMANT Mrs Emma C Stokes

(Address) Guilford Manor Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 3 1933

19. UNDERTAKER Henry H Jenkins Sons Co

(Address) Calvert & 25th Sts

20. FILED — 1933 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7 1926 to April 1st 1933

I last saw him alive on April 1 1933. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	?
Myocarditis — Chronic —	3
Acute Cardiac Dilitation	1½ hrs

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Chas W. Lamond M. D.

(Address) 327 Cath Ave

OCCUPATION IS VERY Important. See instructions on back of certificate.

2 - 1933

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Seagnette 1729 W. Lombard

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89107 ✓131 E 89107

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Sisters Home.

CITY OF BALTIMORE: (No. 600 S. Chapel Gate Lane ST., WARD) 28-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza A. Liddell

(a) RESIDENCE NO. 4311 Wentworth Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John D. Liddell

6 DATE OF BIRTH (month, day, and year): Oct 1st 1855

7 AGE: Years 77 | Months 6 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Wm Dillon

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Wm M. Dillon

(Address) 4311 Wentworth Rd

15 Filed 2-1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 1st 1933

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to April 1, 1933, that I last saw h alive on March 31, 1933, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic myocarditis - Chronic Interstitial nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Seagnette, M. D.

, 19 (Address) 1729 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cmetry

DATE OF BURIAL: 4/3/1933

20 UNDERTAKER: Geo. Weber & Son

ADDRESS: 2503 Edmondson Ave

M. D. B. 1268-9

89108 26797 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89108

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Kerler

(a) Residence: No. 2636 Ashland Ave St., ... Ward. 7-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Single

6. DATE OF BIRTH (month, day, year) 10-16-65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4 5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Kerler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Dreshmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/3/33, 19...

19. UNDERTAKER Philip Herwig

(Address) 2116 Pulaski St

20. 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932 to March 30, 1933

I last saw him alive on March 30, 1933. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3-26
Bacteremia (Proteus)	3-27

Other contributory causes of importance:

arteriosclerosis	
Hypertension	
Pyelitis - Capillus Urente	3-26

Name of operation Cysto Lithotomy - Prostatectomy Date of 12-9-32 12-14-32

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lamar A. Gray M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

Dr. Toney.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89109

CERTIFICATE OF DEATH

106.001 E 89109

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Putman Place Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Mc Intyre 12-01

(a) Residence: No. 402 Putman Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Mc Intyre

6. DATE OF BIRTH (month, day, year) 5-20-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Mc Intyre

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Bannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Mc Mc Intyre

(Address) 402 Putman Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 3 1933

19. UNDERTAKER Mary D. Medfield

(Address) 501 E 32nd St

Filed APR 2 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933 to March 31 1933

I last saw him alive on March 30 1933 Death is said to have occurred on the date stated above, at 5.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Indigestion	
Bronchitis	March 23 '33
Other contributory causes of importance:	
Heart failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reginald J. Toney M. D.

(Address) 3414 Hamilton Ave

M. D. B. 1268-9

89110

HEALTH DEPARTMENT—CITY OF BALTIMORE

89110

CERTIFICATE OF DEATH

59V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Harrington

(a) Residence: No. 3706 Old York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Michael J Harrington

6. DATE OF BIRTH (month, day, year) Aug 15-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dennis McCuliffe

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Michael Harrington

(Address) 3706 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 4-4 1933

19. UNDERTAKER Leonard Rudy

(Address) 2305 Harford Rd

20. FILED Huntington Williams, M.D. Registrar.

4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1933 to March 31, 1933

I last saw h-- alive on March 31, 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Portal Pneumonia	

Name of operation Amp - Mid Leg - Rt Date of 3/29/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George J Gouvelos M. D.

(Address) St Agnes Hospital

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89111

CERTIFICATE OF DEATH.

97 E 89111 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 5309 Harford Rd (St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L. Heath (St.) 27-01 (Ward.)

(a) RESIDENCE. (No.) 5309 Harford Rd (If nonresident give city or town and State)

(Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 83 yrs. 11 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles A. Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Annie E Hyland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Bessie J. Long (Address) 5307 Harford Rd

15 Filed 2-1933 Huntington Williams, R.H.O.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 30 1933

17 I HEREBY CERTIFY, That I attended deceased from April 1 1932 to Mar 30 1933

that I last saw h.. alive on Mar 30 1933

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Bessie J. Long, M. D.

(Address) 5307 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL 4-3 1933

20 UNDERTAKER Leonard J. Rusch ADDRESS 5305 Harford Rd

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89112

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 611 Mt Holly St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Sanders

(a) Residence: No. 611 Mt. Holly St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Sanders

6. DATE OF BIRTH (month, day, year) June 1-1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME C. Benisham

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Wm. J. McKee

(Address) 611 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apl 3, 1933

19. UNDERTAKER W. J. Tuckwell & Son

(Address) Neath & Pa

20. FILED Apr 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933 to March 31, 1933

I last saw h[illegible] alive on March 31, 1933. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 29

Other contributory causes of importance:

Chronic Arterial Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. A. Tully M D M. D.

(Address) 3517 Edmondson Ave

1933

Spec.—9-30—A. & Co.—250 Bks.

89113 HEALTH DEPARTMENT—CITY OF BALTIMORE 89113

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH Home for Incurables

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 40th St & Keswick Rd. ST. ..... WARD)

2-FULL NAME Mrs Lucy Ameda Strong 13-01

(a) RESIDENCE No. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 16 yrs. 6 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of name unknown

6 DATE OF BIRTH (month, day, and year) June 16 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sheldon New York

PARENTS

10 NAME OF FATHER William Persons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sheldon - N-Y.

12 MAIDEN NAME OF MOTHER Hannah M Lavalley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 [illegible] -1933 [illegible] Huntington Williams MD
Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1933

17

I HEREBY CERTIFY, That I attended deceased from Feby 21, 1928 to April 1" 1933 that I last saw h.. alive on April 1" 1933 and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Infectious arthritis

(duration) 30 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W W Mayo M. D.

4/1/1933 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marshall - Wis — DATE OF BURIAL Apr. 2 1933

20 UNDERTAKER Wm J Pickett Sons — ADDRESS North Pa

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89114

E 89114

CERTIFICATE OF DEATH

107-001

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Greenway St., Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elise Wright Mittenzweig

(a) Residence: No. 3409 Greenway St., Ward. Paris France
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) ~~WIFE of~~ Edw. Mittenzweig

6. DATE OF BIRTH (month, day, year) April 9th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris

FATHER

13. NAME S. S. Levering

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME E. Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT H. C. Orrick Jr.
(Address) 1126 Eden Road

18. BURIAL, CREMATION, OR REMOVAL
Place Bellemonte Date April 3 1933

19. UNDERTAKER Henry H. Jenkins Son & Co
(Address) Oakland & Collett Ave

20. 1933 APR 4 Huntington Millwaite, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1933 to 4-1 1933

I last saw her alive on 4-1 1933. Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-27-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Storey M. D.

(Address) 11 29 St. Paul St

OCCUPATION IS VERY important. See instructions on back of certificate.

1-30—M. & T.—200 B—50L

E 89115

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-08

E 89115

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. Bond St ST., B-01 WARD)

2-FULL NAME Micheal Lefes

(a) RESIDENCE NO 222 S. Bond St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	married

5a If married, widowed, or divorced (or) WIFE of Lucy Lefes.

6 DATE OF BIRTH (month, day, and year) Sept 30. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63.	62	6	03	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) City. 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Manuel Lefes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lucy Superio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Micheal Lefes Jr

(Address) 222 S. Bond St.

15 Filed 3-1933 Huntington Miller, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D. Coroner

, 19 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maryland Memorial

DATE OF BURIAL April 19 1933

20 UNDERTAKER Wendell J. Lippold

ADDRESS 300 S Edw

M. D. B. 1268-9

E 89116

89116 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. St., 16-21 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Barnhardt

(a) Residence: No. 810 N. Carlton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lou ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Salisbury, N. C.

FATHER

13. NAME Henry Barnhardt

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lina ~~Barnhardt~~ ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Apr 4 1933

19. UNDERTAKER Jas. L. Chase & Bro
(Address) 638 N. Gilmor

20. FILED 1933 [illegible]

3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1933 to 3-29 1933

I last saw h. alive on 3-29 1933 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	1-1-193

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

3-29 1933 (Signed) Elmer Ashburg M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

89117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89117

CERTIFICATE OF DEATH

V 66-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Rock Glen St., 28th Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence E. Hood

(a) Residence: No. 207 Rock Glen Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regan M. Hood

6. DATE OF BIRTH (month, day, year) Dec 13, 1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Conrad J Barton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Weighoff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Regan M. Hood
(Address) 207 Rock Glen Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Landon Pk. Date 4/3/ 19 33

19. UNDERTAKER Harry N. Hitzbleck
(Address) 701 Edmondson Ave

20. FILED ... 19 ... Registrar.

3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Mar 31, 1933

I last saw her alive on Mar 31, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic goitre	Feb 1933
Other contributory causes of importance: cardiac decompensation	5 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) F F Tipper M. D.

(Address) 3321 Toledo ave

Spec.—2-29-28—L. F. S.—500 Bks.

89118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89118

CERTIFICATE OF DEATH

REGISTERED NO. 82

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Montpelier ST., 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Ellsworth Houston

(a) RESIDENCE NO. 1142 S. Morley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Houston

DATE OF BIRTH (month, day, and year) Apr. 14, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	17	18

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission House

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman Retired 66

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

10 NAME OF FATHER Alex. B. Houston

11 BIRTHPLACE OF FATHER (city or town) Balto., (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Echecrels

13 BIRTHPLACE OF MOTHER (city or town) Balto., (State or country) Md.

Informant Mary Birkmeier

(Address) 4034 Wilcox St.

Filed 3-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 1, 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1933, to Apr. 1, 1933,

that I last saw him alive on Mar. 31, 1933

and that death occurred, on the date stated above, at 5-45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? 42 S. Morley St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm. B. Egbert, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park.

DATE OF BURIAL April 4, 19 33

20 UNDERTAKER Wm H. Valentine

ADDRESS 2326 Aiken

M. D. B. 1268-9

89119 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89119

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 668 W. Fayette, St., H-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William McGreevey

(a) Residence: No. 662 W. Fayette, St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona McGreevey

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME James McGreevey

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Adelaide Grace

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Robert Gilmore

(Address) 1239 W. Lombard. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 4/3 1933

19. UNDERTAKER Frederick A. Colby

(Address) 1239 W Lombard St

APR 3 1933 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Mar 30, 1933

I last saw h.... alive on Mar 30, 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	?
Chr. Interstitial Nephritis	?

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Harry Hartman M. D.

(Address) 753 W Fayette St

M. D. B. 1268-9

E 89120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89120

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Allen al St., 3-01 Ward)

Length of residence in city or town where death occurred 27/12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur C Barnes

(a) Residence: No. 1001 Allen al St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barnes

6. DATE OF BIRTH (month, day, year) Feb 27 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 04 6

12. BIRTHPLACE (city or town) (State or country) Bucks Pa

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Barnes
(Address) 617 Parkin ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Apr 3rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED APR 3 1933, 19... Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Coronary Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Weinand M. D.
Coroner

(Address) 130 N Calhoun St

Dr Frank Tamuzzioki 2419 Fait Ave Hilp 0205

M. D. B. 1266
89121

E 89121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 W. Lombard St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie A. Rost

(a) Residence: No. 633 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of George F. Rost

6. DATE OF BIRTH (month, day, year) Feb 5th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George F. Rost

(Address) 633 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date April 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1617 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from October, 1931, to April 2, 1933

I last saw h[illegible] alive on April, 1933. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis deformans	

Other contributory causes of importance:

chronic myocarditis	ca 2 yrs

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank J. Tamuzzioki M. D.

(Address) 2419 Fait Ave

23-1033

M. D. B. 1268-9

(over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

89122 E 89122

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dennison St., 14th Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Greene

(a) Residence: No. 820 I. St., Sparrows Point Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Greene

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	if LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

USUAL RACIAL PATHOS

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Susie Greene

(Address) 820 I St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date April 3-1 1933

19. UNDERTAKER Consolidated Funeral Lodges

(Address) 2101 McCulloh St

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1933 to 4-1 1933

I last saw h alive on 4-1 1933 Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Congestion	4 days
Tuberculosis Pulmonary	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Jaffe M.D.

(Address) Groundes Hospital

M. D. B. 1268-9

E 89123

89123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... (Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Parsons

(a) Residence: No. 318½ S. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo R.

6. DATE OF BIRTH (month, day, year) 1-10-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Morrasky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Dec 3, 1933

19. UNDERTAKER John J. Fahey & Son
(Address) 1318 Light St

20. FILED Huntington Williams M.D.
3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1931, to 3-30, 1933

I last saw h[illegible] alive on 3-30, 1933 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	1931
Recto vaginal fistula	—
Secondary Anemia	

Other contributory causes of importance:

Bronchopneumonia	3/27/33

Name of operation ..... Date of .....

What test confirmed diagnosis? CP Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

89124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89124

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Guiseppa Mazzei

(a) Residence: No. 2436 E. Biddle Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 24, 1928

7. AGE Years	Months	Days	If LESS than 1 day
4	9	8 7	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Cosimo Mazzei

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Mary Digiorgi

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Catherine Sorrentino
(Address) 2500 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date April 4, 1933

19. UNDERTAKER Lyon & Ruth Inc
(Address) 1130 Eastern Ave Registrar. Huntington Ave

FILED R3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to ..... . 19 .....

I last saw h alive on ..... . 19 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance:	
Probable ruptured appendix	4 ds

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external rauses (violenre) fill in also the following:

Accident, suiride, or homiride? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Sperify rity or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in publir plare .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased? .....

If so, specify .....

(Signed) J. J. Wallis M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1200-4

E.89125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.89125

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-06 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter G Wilkinson Jr.

(a) Residence: No. 3905 Echodale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter G Wilkinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte MacDonald.

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mother Charlotte Wilkinson
(Address) 3905 Echodale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date April 4th 1933

19. UNDERTAKER Leo G. Lezek
(Address) 1723 N. Patterson Park Ave.

FILED ..... 19 ..... Registrar.

APR 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to April 1, 1933
I last saw him alive on April 1, 1933 Death is said to have occurred on the date stated above, at 11:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-29-33
Pulmonary edema	3-31-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Culbert M. D.

(Address) Union Memorial Hospital

A&Co. 5-31 250B

Henry Price Sr

89126 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89126

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Annapolis Ave St.) (Ward) 25 61

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Price Sr

(a) Residence: No. 2302 Annapolis Ave St., Mt. Winans Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Price

6. DATE OF BIRTH (month, day, year): 1842

7. AGE: Years: 91 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Louisa Co Va.

13. NAME: Henry Price Sr.

14. BIRTHPLACE (city or town) (State or country): Louisa Co Va

15. MAIDEN NAME: Minnie Sanders

16. BIRTHPLACE (city or town) (State or country): Chesterfield Co Va

17. INFORMANT: Henry Price

(Address): 2302 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Apr 4 1933

19. UNDERTAKER: V. A. Brooks

(Address): 1437 N. Carey St

20. [illegible] Huntington Louisa, Va

Registrar.

PR3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18 1933 to April 1 1933

I last saw him alive on March 31 1933 death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 29 1933
Other contributory causes of importance:	
Hypertension	1932

Name of operation: Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 89127 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89127

Hunt.

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 602 N Clinton ST. 26-01 WARD)

2-FULL NAME John H. Hunt

(a) RESIDENCE. (NO. 602 N Clinton ST., WARD. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-1-20

7 AGE Years: 6 mos Months: Days: 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmers

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Millard Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mildred Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Millard Hunt 602 N Clinton St

15 Filed ..... 19 .....

R 3 - 1033

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-20

17 I HEREBY CERTIFY, That I attended deceased from 4-1-20 to 4-3-20, that I last saw him alive on 4-2-20, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows: Amaurotic Idiot

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fatty Infiltration

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) F. Wilkinson Cole M. D.

4-3, 19 20 (Address) 602 N Clinton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: April 3, 1920

20 UNDERTAKER: John A. Moran — ADDRESS: 3090 E. Balto St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89128 89128

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 27-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Calvin Bozman

(a) Residence: No. 5315 Hamilton Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) Jan 19 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Md.

FATHER

13. NAME Edward Bozman

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Annie Carey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sister (Mrs Scott)

(Address) 163 N. Stephen St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date April 3 19 33

19. UNDERTAKER John T. Organ

(Address) 3000 E. Baltimore St.

APR 3 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1933 to 3-31, 1933

I last saw him alive on 3-31, 1933 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	3-26-33

Other contributory causes of importance:

Lobar pneumonia	3-30-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magruder M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-9

Otho. Winder

9129 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89129

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH Pronounced dead at Balto City Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 904 Bayley Lane St., 3-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Otho Winder

(a) Residence: No. 1100 E. Pratt St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Winder

7. DATE OF BIRTH (month, day, year) June 10 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME George Winder

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Winder
(Address) 1100 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 4/3 1933

19. UNDERTAKER Leo H Cook
(Address) 1113 Patterson Pk Ave

PR3 - 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Newman M. D.
Coroner

(Address) 205 N Patterson Pk

Spec—12-23-21—E.B.R.S.—400 Bks.

Bridget Donohue E89130

E89130

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4333 Old York Rd St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Bridget Donahue

(a) Residence No. 4333 Old York Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widow or Widower, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6-DATE OF BIRTH (month, day and year) Aug 18- 1869

7-AGE. 64 yrs. 7 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Mrs Barnes (Niece)

(Address) 4333 Old York Rd

15- Huntington West Virginia

R3-1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 2 / 33

17- I HEREBY CERTIFY, That I attended deceased from Apr 1, 1933, to Apr 2, 1933, that I last saw h. 64 alive on Apr 2, 1933, and that death occurred, on the date stated above, at 3 45 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H W Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Longview Cem'y DATE OF BURIAL. April 5, 1933

20-UNDERTAKER. Clarence E. Arthur ADDRESS Forest Park

M. D. B. 1268-9

89131 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89131

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E Kramer

(a) Residence: No. 1137 Nanticoke St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C Kramer

6. DATE OF BIRTH (month, day, year) Jan 27 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Kramer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Annie C Kramer

(Address) 1137 Nanticoke St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 3 1933

19. UNDERTAKER John F. Denny

(Address) 915 Light St.

20. FILED 3-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to March 30, 1933

I last saw him alive on March 30, 1933. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 30
Other contributory causes of importance: Diabetes Mellitus	?
Bronchopneumonia	Mar 28

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) S. S. Saunders Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted] 89132

CERTIFICATE OF DEATH

[redacted] 23 E 89132

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Montford Ave St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Grossi

(a) Residence: No. 210 Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Fred Grossi

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Bessie S Johnson

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Bessie Grossi (Mother)
(Address) 210 Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date April 3 19 33

19. UNDERTAKER Edw. Bryan
(Address) 621 orleans St
Huntington Undertaking Co Registrar

PRC. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1933 to March 30 1933

I last saw her alive on March 30 1933 Death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1933

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 1421 E Monument St

M. D. B. 1268-9

89133 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89133

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 3-01 Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME George Christmas

(a) Residence: No. 300 S. Eden st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 24, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	43	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Christmas

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Wise

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 4-3, 1933

19. UNDERTAKER Jno Lottie Gross
(Address) 1408 Pohlenpleasant Huntington, W. Va.

20. FILED 4-3-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 30 33 to March 30, 1933

I last saw him alive on March 30, 1933 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Steen M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

9134

E 89134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp 16-21 St., (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Alex. Monroe

(a) Residence: No. 1041 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 23-1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Thos Monroe

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME of Mother Bessie Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie Monroe

(Address) 1041 N. Stricker

18. BURIAL, CREMATION OR REMOVAL

Place Mount Auburn Date April 4 1933

19. UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount Street

Interment Permit No. 1077

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident 2nd degree burns	
Burning with Matches	

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident injury ... 19...

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address) ...

M. H. R. 1933-9

89135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89135

CERTIFICATE OF DEATH

79-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Weiss

(a) Residence: No. 3934 Eden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cora Weiss

6. DATE OF BIRTH (month, day, year) Unknown. about 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 62.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretarial

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Cora M. Weiss

(Address) 3934 Eden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mary's Cemetery Date April 4 1933

19. UNDERTAKER Walter Davis

(Address) 3418 Chestnut Ave

20. FILED APR 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18 1933 to April 1, 1933

I last saw h.i.m. alive on April 1 1933. Death is said to have occurred on the date stated above, at 11:58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Section of V Nerve	3/29/33
Cerebro Spinal meningitis	3/30/33

Other contributory causes of importance:

Name of operation Severing of V nerve Date of 3/29/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H Weiss M. D.

(Address) University Hosp.

Spec.—12-9-25—A Co.—200 Bks.

89136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 89136

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sister of Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Combes

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
85 yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Martin Combes

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Sarah McAdams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Sister Stanislaus, Supr.

(Address) 1200 - Valley St. Balt. Md.

15 Filed ....., 19..... [illegible]

4-3-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 - 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931, to Apr 2, 1933, that I last saw h.. alive on Apr 2, 1933, and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) L. M. Parker, M. D.

4/3/, 1933 (Address) 111 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial 4/3/33

20 UNDERTAKER: Rita Wiedefeld — ADDRESS 914 Greenmount Ave

H. D. B. 1268-9

E 89137

89137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Alexander

(a) Residence: No. 313 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Daniel Alexander

14. BIRTHPLACE (city or town) (State or country) Mackberg Co., Va.

15. MAIDEN NAME Rosie Jones

16. BIRTHPLACE (city or town) (State or country) Mackberg Co., Md.

17. INFORMANT Rosie Alexander
(Address) 313 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date April 3, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 Cherry St

20. FILED - 1933 Mrs. Katie R. Williams, U.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Bronchopneumonia	
Dead on Arrival	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) J. S. H. Evans, M. D.
Coroner

(Address) 5086 Ems Ave

Dec.—1-30—M. & T.—250 Bks.

89138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89138

85

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 630 N Arlington Ave (Street) Ward 16-A1

2-FULL NAME Melvin Brown

(a) RESIDENCE NO. 630 N Arlington Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 10, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER George W Brown

11 BIRTHPLACE OF FATHER (city or town) Hartford Co Md
(State or country)

12 MAIDEN NAME OF MOTHER Virginia T. Brooks

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va
(State or country)

Informant Virginia T. Brown
(Address) 630 N Arlington Ave

Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1933

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1933, to April 2, 1933, that I last saw h[illegible] alive on April 2, 1933, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(duration) yrs. 7 m.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. [illegible]

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Required

(Signed) W. F. Howell M. D.

1933 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL April 4 1933

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3217 Edmondson St.

M. D. B. 1268-A

89139

27127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89139

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olga Thomas

(a) Residence: No. 1906 W Lexington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Francis Mallenbaugh

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Louise Plathner

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 4 1933

19. UNDERTAKER George E. Smith

(Address) 1132 W. Baltimore St.

20. FILED 4-3-1933 Huntington Avenue, N.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22 1933 to April 1, 1933

I last saw her alive on April 1, 1933 Death is said to have occurred on the date stated above, at 5.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO-PNEUMONIA.	3-20-33
BRONCHIAL ASTHMA	
Emphysema	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Jean A. Clark M. D.

(Address) J.N.H.

M. D. B. 1268-B

89140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 E 89140

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Curlene Weaver

(a) Residence: No. 1122 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 22. 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	- 11	- 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Nathan Weaver

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rebecca Veney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date April 8, 1933

19. UNDERTAKER

(Address)

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15-1933 to 3-23-1933

I last saw h... alive on 3-22-1933 Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	3-15-33
Delivery still born infant	3-16-33
Acute puerperal endometritis	3-18-33
Generalized peritonitis	3-21-33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify —

(Signed) Dean A. Clark M. D.

(Address) J. H. H.

M. D. B. 1268-9

89141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89141

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Don Caston

(a) Residence: No. 214 St Matthew St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/15/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vernon Caston

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Elizabeth Gill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med Valley Date March 3rd, 1933

19. UNDERTAKER
(Address)

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933 to March 25, 1933

I last saw him alive on March 25, 1933. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	3/16/33

Other contributory causes of importance:

Bronchopneumonia	3/19/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw F Miller M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

89142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89142

CERTIFICATE OF DEATH

160-001

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Harris

(a) Residence: No. White Hall. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22. 1933

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Zimmerman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date June 3 1933

19. UNDERTAKER

(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22 1933 to March 23 1933

I last saw h.im alive on March 23 1933 Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth Injury (Intracranial Hemorrhage)	3/22/33

Other contributory causes of importance:

Name of operation Delivered by Cesarean Section Date of 3/22/33

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry D. Clark M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

89143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89143

159

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2209 Bernard St., 12-01 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Boy Unr Redmiles

(a) Residence: No. 2209 Bernard St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) March 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Benton Lytle Redmiles

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Love McCabe

16. BIRTHPLACE (city or town) Paisley (State or country) Scotland

17. INFORMANT Catherine Redmiles

(Address) 2209 Bernard St

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med College Date April 3, 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to April 1, 1933

I last saw h[illegible] alive on April 1, 1933 Death is said to have occurred on the date stated above, at 3 30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) 2102 Huntington Ave

M. D. B. 1268-0

89144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89144

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 131

CITY OF BALTIMORE: (No. 13-21 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Plaine

(a) Residence: No. 812 Powers St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 15 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Plaine

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Alice Walker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 5, 1933

19. UNDERTAKER Edmondson Loge
(Address) 3615-17 Edmondson Ave.

3 APR 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933, to 4-2, 1933

I last saw him alive on 3-2, 1933 Death is said to have occurred on the date stated above, at 8:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyloidosis	
Chronic osteomyelitis	
Chronic nephritis	

Other contributory causes of importance:

Hypogonadal failure	-

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Boyce Gibson M. D.

(Address) Balto City Hospitals

Spec.—1-12-23—M&T—500 Blks.

E 89145

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 89145

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Elm Ave. ST. 13-01 WARD)

2-FULL NAME Clara V. Mitchell.

(a) RESIDENCE NO. 3617 Elm Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced
(or) WIFE of Charles C. Mitchell

6 DATE OF BIRTH (month, day, and year) Feb 19, 1870

7 AGE: Years 63; Months 1; Days 12; If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER Edward Swatzbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Polushia Yingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Charles C. Mitchell.
(Address) 3617 Elm Ave

15 - 1933 Huntington Williams M.D. Registrar
R. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933, to April 1, 1933
that I last saw her alive on April 1, 1933
and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Wirth M. D.

4/3 1933 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge.

DATE OF BURIAL: Apl 4, 1933

20 UNDERTAKER: Chenoweth & Son

ADDRESS: 3615 Chestnut Ave.

...ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 001 ✓

89146 E 89146

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 12-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2440 Maryland Ave (ST.) (WARD) 12

2—FULL NAME Mrs. Mary Jane Flanagan.

(a) RESIDENCE NO. 2440 Maryland Ave ST., 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE: Thomas Patrick Flanagan

DATE OF BIRTH (month, day, and year): 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63		17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Texas, Balto. Co Md.

10 NAME OF FATHER: Michael Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Thomas Flanagan

(Address) 2440 Maryland Ave

Filed ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1-1933.

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to April 1, 1933, that I last saw h- alive on March 31, 1933 and that death occurred, on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe G. Cross M. D.

April 1 1933 (Address) 2438 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: April 4 1933

20 UNDERTAKER: Mary M. Wakefield

ADDRESS: 711 E 22nd St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89147

E·89147

CERTIFICATE OF DEATH

15-01 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Westmeyer

(a) Residence: No. 1703 N Payson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Westmeyer

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
about 53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City

13. NAME Henry Westmeyer

14. BIRTHPLACE (city or town) (State or country) Salt Lake City

15. MAIDEN NAME Elizabeth Peters

16. BIRTHPLACE (city or town) (State or country) Salt Lake City

17. INFORMANT Mildred Westmeyer

(Address) Orlando Fla.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/4 1933

19. UNDERTAKER Freeman Cook

(Address) 24 [illegible], Md.

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on June ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12 hrs
Other contributory causes of importance: Arteria Sclerosis	Long time

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Fenton M. D.
Coroner

(Address) 780 E Chase St.

M. D. B. 1269-0

89148 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 89148

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No.) St. 14-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Hirshman Hartzell (Hirschau Johnson)

(a) Residence: No. 1812 Madison ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	21	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bellhop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joshua Hartzell

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Susie Tillman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Pt. Auburn Date April 5, 1933

19. UNDERTAKER Saml. W. Chase & Son
Est. R. Fillmore

20. FILED - 1933 Huntington Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1933 to April 2, 1933

I last saw him alive on April 2, 1933 Death is said to have occurred on the date stated above, at 4.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Bennett A. Glass M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Bks

89149 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 408 Mc Culloh St.) (WARD) 1701

REGISTERED No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ollie Mathews

(a) RESIDENCE No. 1408 Mc Culloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-2-1899

7 AGE: Years 34 | Months | Days 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of Industry, business, or establishment in which employed (or employer) General House Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Thos. Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Carrie Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Elizabeth Mc Handy 1408 Mc Culloh

Filed 1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/1/33

17

I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1933 to Apr. 1, 1933

that I last saw her alive on April 1, 1933

and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Tofflemire M. D.

19 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mullenbach Co. Lancaster — DATE OF BURIAL 4-4 1933

20 UNDERTAKER George P.C. Gibson — ADDRESS 1795 Druid Hill Ave

Spec.—2-39-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89150 ✓ 46 E 89150

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5248 Cordelia Ave ST. 27-04 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Belle Benson

(a) RESIDENCE NO. Canfield Rd. Howardville ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde Lester Benson.

DATE OF BIRTH (month, day, and year) Oct 24, 1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	37	5	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Albert Buell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Sarah Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County.

Informant Mrs. Goldie Anderson.

(Address) 5248 Cordelia Ave

Filed 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1933

17 I HEREBY CERTIFY, That I attended deceased from September 19 32 to Apr. 1 19 33

that I last saw her alive on March 31 19 33

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Intestine.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 3, 1933 at Mid General Hosp.

Was there an autopsy? No.

What test confirmed diagnosis? Operative Findings.

(Signed) G Walter Sparrer M. D.

4/1, 1933 (Address) 3300 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dund Ridge Cem. DATE OF BURIAL Nov. 4 1933.

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N. Balto St.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

89151

CERTIFICATE OF DEATH

E 89151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Payson St. St., 20-01 Ward)

Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Hoffman

(a) Residence: No. 310 S. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife Wm W. Hoffman

6. DATE OF BIRTH (month, day, year) June 1, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Whittle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Seahart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. Hoffman

(Address) 2223 W. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 4/4/ 1933

19. UNDERTAKER Harry H. Whittle

(Address) 410 Edmondson ave.

20. FILED 4-3-1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1933 to Apr 2, 1933

I last saw h. W alive on Apr 2, 1933 Death is said to have occurred on the date stated above, at 11-a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocardial Weakness	(Months)
Other contributory causes of importance: Cerebral Sclerosis, Senile	2 years

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hewson L. Kerr, M. D.

(Address) 227 W. Pratt St

M. D. B. 1268-B

89152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89152

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6029 Old Harford Rd) (Ward) 22 to 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 68 yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Hochreiter

(a) Residence: No. 6029 Old Harford Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nellie Hochreiter

6. DATE OF BIRTH (month, day, year): Feb 18 1866

7. AGE: Years: 66 | Months: 1 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Nellie Hochreiter 6029 Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 4/5 1933

19. UNDERTAKER Leonard J. Ruge (Address) 2303 Harford Rd

20. FILED 4-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2 1933 to April 2 1933

I last saw him alive on April 2 1933. Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	a number of years
Other contributory causes of importance: Arterio-Sclerosis	a number of years

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd City

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9153

E 89153

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2876 Woodbrook St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl L. Campbell

(a) Residence: No. 2876 Woodbrook St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Campbell

DATE OF BIRTH (month, day, year) 11/25/1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Harry Campbell

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Hes Known

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT R. W. Bomer

(Address) 2320 Penn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 5th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... E. B. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Larynx	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 362 Orland Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 89154 | 108 E 89154

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 24-01

2-FULL NAME Milton C. Bacon.

(a) RESIDENCE NO 507 E. Clement St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Sophia M. Bacon.

6 DATE OF BIRTH (month, day, and year) November 1, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Glass worker-
(b) General nature of industry, business, or establishment in which employed (or employer) 056
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Millville, N.J.

PARENTS

10 NAME OF FATHER Joseph Bacon-

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey.

12 MAIDEN NAME OF MOTHER Iautha Hill.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey.

14 Informant Sophia M. Bacon. (wife)
(Address) 507 E. Clement St.

15 Filed ..... 192 ..... Registrar

8 - 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 507 E. Clement St. April 1, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonard, M. D. Coroner

4/8/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL April 5th 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

1-30—M. & T.—100 B—50L

89155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89155

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 W. Baltimore St. (ST.) 20-el (WARD)

2-FULL NAME Charles S. Ashley.

(a) RESIDENCE NO. 2201 W. Baltimore St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, husband of Gertruce Ashley.

6 DATE OF BIRTH (month, day, and year) March 10, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	0	21 22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Jeweler.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Ashley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rebecca Dimmett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Gertrude Ashley. (wife)
(Address) 2201 W. Baltimore St.

15 [illegible] Registrar
- 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Arterio sclerosis.
Chronic Myocarditis.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

4/8/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: Apr 4th 1933

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

M. D. B. 1268-9

89156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89156

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 93-003

CITY OF BALTIMORE: (No. Bello Md 3-01 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Karl Wojcer

(a) Residence: No. 9 of E Lombard St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years 49 | Months — | Days — | If LESS than 1 day, hrs. or min. —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loreto Heights April 4 1933

19. UNDERTAKER John L. Miller Assistant

(Address) 2335 E. Monument St.

Date 19 Registrar.

4-3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1933 to 3-30 1933

I last saw him alive on 3-30 1933 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	4-1-31
Arteriosclerosis	

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-30-33 (Signed) Elmer Hirschfeld M. D.

(Address) Balto City Hospitals

M. D. B. 1268-a

89157 E 89157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 139-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Grace C. Hyde

(a) Residence: No. Carroll Co Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hyde

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County

MOTHER FATHER

13. NAME Thomas Libby

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

15. MAIDEN NAME Jane Libby

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT J. S. Hyde

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cem. Date April 7 1933

19. UNDERTAKER Carter Bros

(Address) New Windsor Md.

20. FILED April 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933 to April 4, 1933.

I last saw h.e.r. alive on April 4, 1933. Death is said to have occurred on the date stated above, at 1.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	4/4/33
Other contributory causes of importance: Postoperation Shock	4/4/33

Name of operation Supravaginal Hysterectomy Date of 4/3/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. C. Hildenbrand M. D.

(Address) University Hospital

pec.—1-30—M. & T.—350 Blks

89158 E 89158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Sulgrave Ave. 27-01 WARD)

2-FULL NAME Edith May Beeten

(a) RESIDENCE No. 1714 Sulgrave ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of Wm C H. Beeten

DATE OF BIRTH (month, day, and year) May 18. 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	10	13/15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Jacob Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Cliffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Mrs C H Beeten 1714 Sulgrave Ave

Filed 4-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 1, 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1933, to Apr. 1, 1933

that I last saw h.W alive on Apr. 1, 1933

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Hemoplegia

Myocarditis

acute cardiac dilatation

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) ac. cardiac dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) C. Holmes Smith M. D.

4/3, 1933 (Address) 817 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 4/4 1933

20 UNDERTAKER H. S. Marshall

ADDRESS Catonsville

H. D. E. 1268-9

9159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89159

CERTIFICATE OF DEATH

V, 87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Edgewood St. 20-01 Ward)

Length of residence in city or town where death occurred 73 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Louisa Agatha Fisher

(a) Residence: No. ~~512 Edgewood~~ 123 Leeds Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Fisher

7. DATE OF BIRTH (month, day, year) Jan 9 1855

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ New York City

13. NAME Henry Lucke

14. BIRTHPLACE (city or town) (State or country) Hanover Germany.

15. MAIDEN NAME Louisa A. Zerrenner

16. BIRTHPLACE (city or town) (State or country) Freiberg Baden Germany.

17. INFORMANT Odila Sandner

(Address) 2707 Tivoli Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 5 1933

19. UNDERTAKER Mr & Mrs. John F. Feufel & Son

(Address) 801 N. Fayette St.

Registrar.

APR 4 -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2— 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29— 1933 to April 2— 1933

I last saw her alive on April 2— 1933 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemmorhage	5 da.
Other contributory causes of importance:	
none	

Name of operation none Date of —

What test confirmed diagnosis? P.S. — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? ...(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Riland-s ..., M. D.

(Address) 2532 Edmondson Ave. ...

M. D. S. 1966-9

9160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39160

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Hunting Place St. 25-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Stovall Dunham

(a) Residence: No. 712 Hunting Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Charles Nelson Dunham

6. DATE OF BIRTH (month, day, year) Sept 6 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Charles H Stovall

14. BIRTHPLACE (city or town) (State or country) Perry NY

MOTHER

15. MAIDEN NAME Louise Reed

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT Charles E Dunham

(Address) 712 Hunting Place

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apr 4, 1933

19. UNDERTAKER Wm J Eckhardt Sons

(Address) North & Ca. Aves

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from about October 1932 to Apr 1st 33, 19.....

that saw her alive on Apr 1st, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Continued high blood pressure

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Keen, M. D.

(Address) 3421 Edmondson Ave

H. D. B. 1268-9

9161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89161

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 N Stricker St. 13-01 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jordan Bundy

(a) Residence: No. 1525 N Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane A Burden

DATE OF BIRTH (month, day, year) Nov 2 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Jordan Bundy Sr

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Jane A Burden

16. BIRTHPLACE (city or town) (State or country) Charles Co

17. INFORMANT Mary Young

(Address) 1332 N Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date April 5 1933

19. UNDERTAKER Clarence E Wright

(Address) 1004 Columbia Ave

20. FILED ... 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23 1933 to April 1 1933

I last saw him alive on Mar 31, 1933. Death is said to have occurred on the date stated above, at 5 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Chr. Nephritis	

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno E Shannon M. D.

(Address) 700 N Fulton Ave

H. D. B. 1268-9

E 89162

162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 93-003

1. PLACE OF DEATH Sieling Sanitarium

CITY OF BALTIMORE: (No. 600 S. Chapelgate La St. 28-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Marietta

2. FULL NAME Etta Weinberg

(a) Residence: No. 600 S Chapelgate La St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Leon Weinberg

DATE OF BIRTH (month, day, year) Dec 5 1866.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomington Indiana

13. NAME William Stevens

14. BIRTHPLACE (city or town) (State or country) Ind Indiana

15. MAIDEN NAME Caroline Mummy

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Record of

(Address) Sieling Sanitarium

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Friendship Date 4/6/ 1933

19. UNDERTAKER David Sandheim & Son

(Address) 1042 Eutaw Pl

FILED 4-4-1933 Huntington Willmott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to March 4th 1933

I last saw her alive on March 3 1933. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 week
Other contributory causes of importance:	
Chronic Arthritis	14 yrs

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Weinberg Frat M. D.

(Address) 20 E. Preston St. Balto.

9163

HEALTH DEPARTMENT—CITY OF BALTIMORE E89163

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Dixon

(a) Residence: No. 1333 N. Gilmore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-28-29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	3	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Roosevelt Dixon

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Mattie Johnson

16. BIRTHPLACE (city or town) (State or country) N. Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date April 4 1933

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Freastman St.

20. FILED 4-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12 1933 to April 2 1933

I last saw him alive on April 2 1933 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	3/12/33

Other contributory causes of importance:

Tuberculous Pneumonia	3/7/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Beckford Jr. M. D.

(Address) Johns Hopkins Hosp.

E D. 89164

E 89164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 W. Fayette St. 18-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alva E. Day

(a) Residence: No. 1211 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chief Clerk B+O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Wesley Day

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Margaret Morgan

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Miss Ida V. Day

(Address) 1211 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 5 1933

19. UNDERTAKER Chas. O. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED April 6 1933 Huntington Mitchell M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Apr 2 1933

I last saw h alive on April 1 1933. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	about Jan 1-1931
Pneumonia Lobular	

Other contributory causes of importance:

Myocarditis.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Grueschow M. D.

(Address) 2319 Arunah Ave

M. D. B. 1368-9

89165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89165

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 131

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 10-01 (Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Boone

(a) Residence: No. 733 Harford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Boone

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60 yr	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

FATHER

13. NAME Charles Boone

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mamie Blackston

(Address) 733 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ashury Cem Date 4-4 19 33

19. UNDERTAKER Belvoir Mamie R. Wright

(Address) 1218 Bl & Cherry St

20. FILED 4-4 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 33 to 3/31/33 19...

I last saw him alive on 3/31/33 19 Death is said to have occurred on the date stated above, at 9:30 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis — Months

Arteriosclerosis

Other contributory causes of importance:

Myelitis

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased ... If so, specify ...

(Signed) M Boone M. D.

(Address) 1512 Gilmor St

H. D. B. 1268-9

89166 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89166

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 842 S. Eutaw St. 21-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. + mos. + ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Travers

(a) Residence: No. 842 S. Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Travers.

DATE OF BIRTH (month, day, year) ——— 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland

13. NAME of Father Bob Travers

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of Mother Unknown

16. BIRTHPLACE (city or town) — (State or country) —

17. INFORMANT Annie Travers (Address) 842 S. Eutaw

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cemetery Date April 4 1933

19. UNDERTAKER J. Fisher (Address) 436 N. Eddy St.

20. FILED 4-4-1933 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1933 to 4/1, 1933

I last saw h. alive on 3/31, 1933 Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. W. Travers M. D.

(Address) 842 S. Eutaw

M. D. B. 1268-9

89167 Abe McKnight 89167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 N. Bond St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abe McKnight

(a) Residence: No. 827 N Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Celessa Deaver

(Address) 1120 Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/4/33 19....

19. UNDERTAKER Robert E Williams

(Address) 1515 McElderry St

FILED 1933 Huntington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-33

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1933 to 4-1 1933

I last saw him alive on 4-1 1933 Death is said to have occurred on the date stated above, at 1 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	3-5-33

Other contributory causes of importance:

Pneumonia	none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Celessa Deaver, M. D.

(Address) 850 Carrington St

89168

HEALTH DEPARTMENT—CITY OF BALTIMORE

89168

CERTIFICATE OF DEATH

1305

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Regester Lane St. 26-al Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph A. Regester

(a) Residence: No. 3410 Regester Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	----

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

7. DATE OF BIRTH (month, day, year) July 29, 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Joseph Regester

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

15. MAIDEN NAME Mildred Kelbaugh

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mr. Joseph Regester
(Address) 3410 Regester Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aprl. 5, 1933

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road.

20. FILED 4-1933 Huntingtn Ave & Pratt Sts Balto Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Apr 2, 1933, to Apr 2, 1933
I last saw h. im alive on Apr 2, 1933. death is said
to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as followa:

	Date of onset
Ac Gastro Enteritis	
Spasmophilia	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Howard Donald, M. D.

(Address) 817 Park Ave

M. D. B. 1268-9

89169 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89169

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave St., (or Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Belt

(a) Residence: No. 110 S Mount St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Belt

6. DATE OF BIRTH (month, day, year) Dec 29 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	3	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Charles W Holmes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jadiza Cannon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jerome Belt

(Address) 110 S Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 4/6 '33

19. UNDERTAKER Eugene A Farley

(Address) Eutaw and Fayette

20. FILED 4-4-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1933, to April 3, 1933.

I last saw h[illegible] alive on April 3, 1933. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	
Rheumatic endocarditis, myocarditis, Pericarditis	
Cardiac decompensation & failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alfred Va Arsdale M. D.

(Address) St. Agnes Hos

ec.—2-29-28—L. F. S.—500 Bks.

Lester Mary Denisia McCarthy

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 89170

89170

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 42 Ensworth ST. 10-01 WARD)

2—FULL NAME Sr. Mary Denisia Mc Carthy

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 30, 855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 065

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Sisters of Notre Dame

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Denis McCarthy

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Sweeney

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Sisters of Notre Dame

(Address) 42 Ensworth Street Baltimore Md

Apr 3 1933

PR4-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1933

17 I HEREBY CERTIFY, That I attended deceased from April 1933, to April 3 1933,

that I last saw h... alive on Mar 31, 1933

and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Liver

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) F J Kirby M. D.

Apr 3, 1933. (Address) 1106 Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md

DATE OF BURIAL 4/6 1933

20 UNDERTAKER Frank A. Fink

ADDRESS 915 N. Gay St

pec.—1-12-23—M&T—500 Blks.

Komorowski

HEALTH DEPARTMENT—CITY OF BALTIMORE

89171

CERTIFICATE OF DEATH.

57-003

E 89171

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. Stricker ST. 6-01 WARD)

2-FULL NAME Charles J. Komorowski

(a) RESIDENCE NO. 206 N Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 3/20/33

AGE	Years	Months	Days 14	If LESS than 1 day, hrs. or min.
			15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Stephen Komorowski

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Elma Wontorowski

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Komorowski,

(Address) 206 S. Streeper St

15 Filed 4-7-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4 1933

17 I HEREBY CERTIFY, That I attended deceased from 3-20, 1933, to 4-4, 1933

that I last saw him alive on 4-3, 1933

and that death occurred, on the date stated above, at 5-30 A. m.

The CAUSE OF DEATH* was as follows:

Patent foramen Ovale

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dan Quinn, M. D.

4-6, 1933 (Address) 1020 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary.

DATE OF BURIAL April 5th 1933

20 UNDERTAKER M. F. Sadowski

ADDRESS 1740 Eastern ave

AaCo. 5-31 2508

89172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89172

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp St. 7-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Fennick

(a) Residence: No. Pimlico Race Track St., Ward. X
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 16-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		20 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - Jd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME John Fennick

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT South Baltimore General Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 4-5-33, 19

19. UNDERTAKER [illegible]
(Address)

20. FILED 4 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1933, to 4-3, 1933

I last saw h 17 alive on 4-3, 1933 death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Lobar Pneumonia	3-29-33
Emphysema & Chronic Bronchitis	
Arterio - Sclerotic Myocardial Degeneration	

Other contributory causes of importance:

Fibroid Apical Tuberculosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N/O If so, specify

(Signed) Saml Luban, M. D.

(Address) South Baltimore Gen. Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89173

CERTIFICATE OF DEATH

131 E 89173

Registered No.

1. PLACE OF DEATH 914 N. Castle St.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 72 yrs. ... mos. ... ds.

2. FULL NAME Barbara Dobihal

(a) Residence: No. 914 N. Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Dobihal

7. DATE OF BIRTH (month, day, year) May 6, 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar Slovakia

13. NAME James Vrbat

14. BIRTHPLACE (city or town) (State or country) Cedar Slovakia

15. MAIDEN NAME Mari Prokop

16. BIRTHPLACE (city or town) (State or country) Cedar Slovakia

17. INFORMANT Anton Dobihal

(Address) 914 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cath Hill Date April 6, 1933

19. UNDERTAKER Leon G. Jackson

(Address) 1516 Eutaw Pl.

APR 4 - 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1930, to April 3, 1933

I last saw her alive on April 2, 1933. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	4/3/33
chronic insufficiency	

Other contributory causes of importance:

chronic nephritis	5
hypostasis of lungs	

Name of operation ... Date of ...

What test confirmed diagnosis? clinical findings Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. Dobihal M. D.

(Address) 447 N. Kenwood Ave.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89174 E 89174

CERTIFICATE OF DEATH

166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Anderson

(a) Residence: No. 254 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 26			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Private Family
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Bessie Anderson
(Address) 254 S Spring

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

FILED 4-1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

Acute Oedema of Lungs from Inhalation of Water when She jumped in harbor, with Suicidal Intent — Date of onset .....

Other contributory causes of importance:

Acute Alcoholism

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Gordon M. D.
Coroner
(Address) 700 E Chase

H. D. B. 1268-9

E 89175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89175

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Broderick

(a) Residence: No. 662 W. Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: BUSBAND of (or) WIFE of Patrick

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation....

12. BIRTHPLACE (city or town) (State or country) Boston. Mass.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date March 15, 1933

19. UNDERTAKER

(Address)

20. FILED MAR 14 1933, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia, d	
Fractured Pelvis	3/4/33
Other contributory causes of importance:	
Struck by automobile	3/4/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/4 1933

Where did injury occur? Fayette nr. Pine St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across 600 W Fayette St

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Joseph Paterny, M. D.
Coroner

(Address) 2202 E Madison St

F. D. B. 1268-9

89176

HEALTH DEPARTMENT—CITY OF BALTIMORE

89176

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Adams

(a) Residence: No. 858 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 10 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date April 4, 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Acute Edema of Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zeller Coroner ... M. D.

(Address) 739 Eastern Ave

D. B. 9177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89177

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH President Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Wilson

(a) Residence: No. 1042 Arlington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Md Date April 4, 19 33

UNDERTAKER .....
(Address)

FILED 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933 to March 23, 1933
I last saw her alive on March 21, 1933. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8 days
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Bayhan Stigmire M. D.

(Address) President Hospital

H. D. B. 1268-9

E 89178 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89178

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 14 Warwick St. 18-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Robert Lynch

(a) Residence: No. 1025 Lexington St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynchburg
(State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Bessie Scott
(Address) 1922 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, Md Date Jan 4, 1933

19. UNDERTAKER
(Address)

20. FILED 1-4-1933, 19.. THE MORGUE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1933, to 3-24, 1933.

I last saw him alive on 3-24, 1933 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-19-33
Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hospital

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89179

CERTIFICATE OF DEATH

89 E 89179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp 7-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. William Funk

(a) Residence: No. 516 N. Paulk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16-1916

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
17 yrs.	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Frank Funk

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Lehmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland U.S.A.

17. INFORMANT Mrs. Frank Funk
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date April 5th 1933

19. UNDERTAKER Philip Herring & Co.
(Address) 2016 Orleans St.

20. Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20-1933 to 4-3-1933

I last saw him alive on 4-3-1933 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 wks
	3-12-33
Other contributory causes of importance:	
Lobar Pneumonia	4 days
	3-1-33

Name of operation Myocardiotomy Date of 3-23-33

What test confirmed diagnosis Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. T. Counselman M. D.

(Address) 1400 Linden Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9180

CERTIFICATE OF DEATH

E 89180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4229 Reisterstown Rd Ward) 15-01 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Virginia Heaps

(a) Residence: No. 4229 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hugh Emory Heaps

DATE OF BIRTH (month, day, year) Aug 20 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co Md

13. NAME of Father John Buckley Scarborough

14. BIRTHPLACE (city or town) (State or country) Hartford Co Md

15. MAIDEN NAME of Mother Rachel Frances Levin

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Hugh Emory Heaps

(Address) 4229 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Emory Church Date April 6 1933

19. UNDERTAKER H M Rowland

(Address) 2128 W Baltimore St

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2 1933 to April 3 1933

I last saw her alive on April 3 1933 Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Convulsions	24 hrs
Coma	24 hrs
Chronic Nephritis	4 yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinically there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James E. McKehnett M. D.

(Address) 4012 Park Heights Ave

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89181

CERTIFICATE OF DEATH

99 E 89181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Union Mem. Hospital St. 10-8 Ward)

ength of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. McGlone

(a) Residence: No. 605 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph McGlone

DATE OF BIRTH (month, day, year) May 16 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife dt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 027

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Keeley

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Agnes E. Hecht

(Address) Union Mem. Hospital

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 6, 1933

UNDERTAKER Edmund W. Coughlin

(Address) 2[illegible] Eager St.

FILED 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John J. Hourigan, M. D. Coroner

(Address) 3402 Roland Ave

M. D. B. 1268-9

89182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89182

93-004

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1911 E North Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Gay Cardella

(a) Residence: No. 1911 E North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Victor

7. DATE OF BIRTH (month, day, year): Jan 21, 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 yrs.	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME Theresa Maura

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT Mrs Gay Cardella

(Address) 1911 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 5 1933

19. UNDERTAKER Martin W. E. Dippel Inc

(Address) 2300 Aliceanna St

FILED 1933 Washington Hollows, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13 1933 to April 2 1933

I last saw h.. alive on April 2 1933. Death is said to have occurred on the date stated above, at 1130P sm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho pneumonia	3/13/33
Coronal Arteriosclerosis	3/13/33
Arterial Hypertension	3/13/33

Other contributory causes of importance: Cardiac Dilatation 3/13/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert E. Disenberg M. D.

(Address) 1015 E North Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89183

CERTIFICATE OF DEATH

59 E 89183

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4610 Park Heights Ave Ward) 1

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Samuel S. Breighner

(a) Residence: No. 4611 Park Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah M

DATE OF BIRTH (month, day, year) May 8, 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Annie Coker

16. BIRTHPLACE (city or town) (State or country) Carroll, Co. Md.

17. INFORMANT Sarah M. Breighner
(Address) 4611 Park Heights.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/6 1933

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights.

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Apr 4 1933

I last saw him alive on Apr 3 1933. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Toxemia from Gangrene left foot.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 89184

89184

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3202 Virginia Ave St., 27 Ward)
Length of residence in city or town where death occurred, 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert L Ruley
(a) Residence: No. 3202 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida L Ruley

DATE OF BIRTH (month, day, year) Oct 12-1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.
13. NAME OF FATHER Samuel Ruley
14. BIRTHPLACE (city or town) (State or country) Balto. City
15. MAIDEN NAME OF MOTHER Gertrude Mitchell
16. BIRTHPLACE (city or town) (State or country) Balto City Md
17. INFORMANT Samuel Ruley
(Address) 3202 Virginia Ave
18. BURIAL, CREMATION, OR REMOVAL Date May 5 1933
Mass Woodlawn J J Marshall
19. UNDERTAKER
(Address) 358 Dallas Road Washington Distrikt, N.C.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10 1933 to April 3 1933
I last saw him alive on April 3 1933 death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	5yrs
Chronic Bronchial asthma	6yrs
	unknown
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) James L Atkinson M.D.
(Address) 1012 Park Ave Balto Md

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89185

CERTIFICATE OF DEATH

E 89185

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Frederick Avenue St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August H. Lutz

(a) Residence: No. 2319 Frederick Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora Lutz

6. DATE OF BIRTH (month, day, year) April 12, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Sign Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Lutz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Flora Lutz
(Address) 2319 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 4/5 1933

19. UNDERTAKER F. H. Wippert & Son
(Address) 1300 Eutaw Place

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16 1933 to April 3 1933

I last saw him alive on April 3 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Post Influenza Hypostasis	
Other contributory causes of importance: Endocarditis Pulmonary	
Ordema	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Norbert C. Fekete M. D.

(Address) 2157 Mathews Ave.

M. D. B. 1268-9

89186 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92E 89186

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Cathedral St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lydia Adelaide Cotrum

(a) Residence: No. 601 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyram C. Cotrum

6. DATE OF BIRTH (month, day, year) Jan. 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Elisha Coy

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Irene F Harding

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Ford. Lee. Cotrum

(Address) Fairville Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cem. Hyattsville Date April 6. 1933

19. UNDERTAKER J. Madison Mitchell

(Address) Fairville Grace, Md.

20. 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 23 1933 to April 4 1933

I last saw her alive on April 4 1933 Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

Acute decompensation of a chronic myocardial disease — Date of onset ?

Other contributory causes of importance:

Mitral regurgitation, chronic myocardial degeneration, arterio-sclerosis.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jack R. Morgan M. D.

(Address) 6 E. Read Street, Baltimore, Md.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89187

CERTIFICATE OF DEATH.

161 E 89187

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Louise Ave ST. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Kilchenstein

(a) RESIDENCE NO. 2921 Louise Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/4/33

7 AGE	Years	Months	Days	If LESS than 1 day ½ hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Frank C. Kilchenstein, Jr.

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Stemble

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Frank C. Kilchenstein Jr. (Address) 2921 Louise Ave.

15 4-10 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1933

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to April 4, 1933, that I last saw her alive on April 4, 1933, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Asphyxia neonatorum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. M. Bacon M. D.

4/4. 1933 (Address) 2810 Taylor Ave. Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 4/4 1933

20 UNDERTAKER Lonard J. Rude

ADDRESS 1505 Harford Rd

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89188

CERTIFICATE OF DEATH.

E 89188

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 Church St. 25-01 Ward)

2-FULL NAME Alice L. Engmlish

(a) RESIDENCE NO. 1519 Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 10-1929

7 AGE: Years 3 | Months 5 | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles D. Engmlish

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER Alice L. Irwin

13 BIRTHPLACE OF MOTHER (city or town) Harford Co. Md.

(State or country)

14 Informant Charles Engmlish

(Address) 1519 Church St.

15 Filed Apr 5 1933 Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1933, to Apr. 4, 1933, that I last saw her alive on Apr. 4, 1933, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever.

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) William W. Cott, M. D.

Apr 4 1933 (Address) 481 S. Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery. Date of Burial 4/5 1933

20 UNDERTAKER: Margaret D. Flynn ADDRESS 1422 Light

M. D. B. 1268-0

89189

HEALTH DEPARTMENT—CITY OF BALTIMORE 89189

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 N. Gay St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Henry Schmalz

(a) Residence: No. 947 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Clara M. Schmalz.

6. DATE OF BIRTH (month, day, year) Aug. 7 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler 038

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Schmalz.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME M. Kraus

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Clara M. Schmalz.

(Address) 947 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cemetery Date Apr. 6 19 33

19. UNDERTAKER Henry Heck & Sons, Inc.

(Address) 1301 E. Eager St

20. Filed 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 8th 32 to April 4th 19 33

I last saw h. alive on March 29 19 33. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Insufficiency Mitral Valves	
Cancer Gall Bladder	

Other contributory causes of importance:

Hypertrophy	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 4900 Bel Air Rd

M. D. B. 1268-9

E 89190

89190

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hodges

(a) Residence: No. 803 Scott Sheet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 29 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Michael J Hodges

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Ellen Dundon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ella Fleisher

(Address) 3503 E Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4-7 1933

19. UNDERTAKER Bernard C Haake

(Address) 1000 S Paca St

FILED 4-7-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1933 to 4-4-1933

I last saw h alive on 4-4-1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	12/17/32
Chronic Unspecified Nephritis —	"
Chronic Pyelitis —	"
Other contributory causes of importance:	
Cardiac Dilatation —	4/2/33

Name of operation Prostatectomy Date of 3/29/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

4/4/33 If so, specify

(Signed) W. W. Waxmuth M. D.

(Address) St Josephs Hospital

AaCo. 5-31 250B

89191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89191

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] South Baltimore General Hosp. Ward) 25-21

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Williford

(a) Residence: No. 3814 Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-27-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Eugene Edward Williford

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Hazel Barker

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place South Balto. Gen. Hosp. Date 3-28, 1933

19. UNDERTAKER
(Address)

20. FILED MAR 29 1933 Hattie Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1933 to 3-27, 1933

I last saw her alive on 3-27, 1933 death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mo. fetus delivered by Caesarean section)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert W. Johnson M.D.

(Address) 3564 E. Hanover St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89192

89192

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Harford Road St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Kreitman

(a) Residence: No. 2040 Harford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 14 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	20 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Lewis P Kreitman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christiana Hartmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jessie Kreitman

(Address) 2040 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date April 6 1933

19. UNDERTAKER Geo Schilling & Sons

(Address) Monument & Lithuanian Ave

FILED 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1932 to 4/3 1933

I last saw h. alive on 4/3 1933 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Coronary Occlusion of Heart	
Other contributory causes of importance:	
Heart failure & Coloma	

Name of operation ... Date of ...

What test confirmed diagnosis? Surgical Exploration Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D Rudolph M. D.

(Address) 1623 E Baltimore

D. R. 1968-9

193 B 89193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 906 Jorden St., 11-01 Ward)
Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Johnson

(a) Residence: No. 906 Jordan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1868 Feb

AGE Years 65 | Months 1 | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Stafford Co
(State or country) Va

13. NAME Isaac Johnson

14. BIRTHPLACE (city or town) Stafford Co
(State or country) Va

15. MAIDEN NAME Eliza Jones

16. BIRTHPLACE (city or town) Stafford Co
(State or country) Va

INFORMANT Geo. F. Johnson
(Address) 333 Cornel

BURIAL, CREMATION, OR REMOVAL
Place Cedar Lawn Date 4-5 1933

UNDERTAKER Bruce Stanley
(Address) 1 E Preston St

FILED 1933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Contributory	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner ... M. D.
(Address) ...

M. E. B. 89194

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89194

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St., 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Parker

(a) Residence: No. 809 Plum Alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Gross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Betty Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/5/33

19. UNDERTAKER Isaac L Burns Son

(Address) 108 W Monument St

20. FILED 5-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2 1931 to April 1st 1933

I last saw her alive on April 1st 1933 Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1930
Other contributory causes of importance.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stoner M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

E 89195

E 89195 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 707 E. Fort Ave (St.) 24-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia Brendel

(a) RESIDENCE NO. 707 E. Fort Ave ST. 24 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brendel

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	45	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm F. Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary E. Doff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address) Charles Brendel 707 E. Fort ave.

15 Filed 5-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933 to April 2, 1933 that I last saw her alive on April 1, 1933 and that death occurred, on the date stated above, at 5 9. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. E. Campbell M. D.

4/3 1933 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL 4/5 1933

20 UNDERTAKER C. Jones

ADDRESS 111 S. Eutaw St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89196 89196

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2301 Tacoma St., 25-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Edith Rockwell Demely

(a) Residence: No. 2301 Tacoma St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emil Demely

DATE OF BIRTH (month, day, year) April 25 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) March 33

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John R. Rockwell

14. BIRTHPLACE (city or town) West Virginia
(State or country)

15. MAIDEN NAME Sarah O'Connor

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Emil Demely
(Address) 2301 Tacoma St Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 6th 1933

19. UNDERTAKER Leah Lefkowitz
(Address) 1600 N Arlington Ave

20. FILED APR 5 - 1933 H. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 April 1933

22. I HEREBY CERTIFY, That I attended deceased from 17 March, 1933 to 2 Apr, 1933

I last saw her alive on 2 Apr 1933 death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	28 Mar 1933
Other contributory causes of importance: Chronic Nephritis	?

Name of operation none Date of

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caldwell Woodruff M.D.

(Address) Linthicum Heights Md.

M. D. B. 1268-9

E 89197

89197 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luke Donnahen

(a) Residence: No. 2001 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29 1862

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Donnahen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora McMahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 7th 1933

19. UNDERTAKER Sarah Lyter

(Address) 1200 W. North Ave

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933 to April 4, 1933

I last saw h alive on April 4, 1933 Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arterio Sclerotic Cardiovascular disease	?

Other contributory causes of importance:

Auricular Fibrillation	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Goodman M. D.

(Address) Mercy Hospital

AaCo. 5-31 250B

89198 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89198

CERTIFICATE OF DEATH 131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Hollins Street St., 16-01 Ward)

Length of residence in city or town where death occurred 25 Years yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Guiseppe Bova

(a) Residence: No. 1127 Hollins Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Bova

DATE OF BIRTH (month, day, year) May 20, 1846

AGE Years	Months	Days	If LESS than 1 day, hours or minutes
86	11 10	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

13. NAME Antonino Bova

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Maria Rosa Lanadis

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Augustino Bova
(Address) 1127 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL
Date April 7, 1933
New Cathedral Cem.

19. UNDERTAKER George E. Settle Inc.
(Address) 1235 Hollins Ave.

20. FILED April 5-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932 to April 3, 1933.

I last saw h.. alive on April 3, 1933 death is said to have occurred on the date stated above, at 3-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	12/25/32
Other contributory causes of importance:	
None	

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Title Hollow, M. D.

(Address) 1235 Hollins Ave.

M. D. B. 1268-9

E 89199

9199474 HEALTH DEPARTMENT—CITY OF BALTIMORE

2 mad

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... S. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Rust

(a) Residence: No. 1518 Pennsylvania Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-9-94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Coleman ?

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Co Va Date April 6 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman st

20. FILED Huntington Hillegeist M.D.

APR 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 4, 1933

I last saw her alive on April 4, 1933 Death is said to have occurred on the date stated above, at 6 A m.

The prinripal cause of death and related rauses of importance were as follows:

	Date of onset
Tuberculous meningitis	3-10-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external rauses (violenre) fill in also the following:

Arrident, suiride, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

9200 **HEALTH DEPARTMENT—CITY OF BALTIMORE** DRB 39200

CERTIFICATE OF DEATH

1128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospitals St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Diegel

(a) Residence: No. 11 West Lee St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Diegel

DATE OF BIRTH (month, day, year) Feb 19/1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	15 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Gallop

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Henrietta Lesser

16. BIRTHPLACE (city or town) (State or country) Berlin, Germany

INFORMANT Frederick Diegel
(Address) 11 W. Lee St

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date April 5 1933

UNDERTAKER John Ulrich & Sons Co
(Address) 1600 Pennsylvania Ave

FILED APR 5 1933 Huntington Williams N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance:

Perforated Sigmoid
Fibroid Degeneration of Uterus

Name of operation Exploratory Laparotomy 4/3/33

What test confirmed diagnosis? ... Was there an autopsy? partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

D. B. 1268-9

89201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89201

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Towson St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Bodr

(a) Residence: No. 1428 Towson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bodr

DATE OF BIRTH (month, day, year) Feb 2 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Hell

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Charles Bodr

(Address) 1428 Towson St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date April 6 1933

19. UNDERTAKER Chas L Stearns

(Address) 1504 E Fayette Ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1933 to April 3 1933

I last saw her alive on April 3 1933 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Arteriosclerosis Indefinite

Other contributory causes of importance:

Exhaustion 4/1/33

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. K. Carpenter M. D.

4/5/33 (Address) 1644 Hanover St

ec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89202

95-002 [redacted]
95 E 89202

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 1031 N Amity ST., 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Johnson

(a) RESIDENCE NO. 1031 N Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX Fem | 4 COLOR OR RACE Colrd | 5 Single, Married, Widowed, or Divorced (write the word) Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson

DATE OF BIRTH (month, day, and year) March 16, 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Howard C

IRTHPLACE (city or town) Howard C
(State or country) Md

10 NAME OF FATHER Alexander Johnson

11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)

12 MAIDEN NAME OF MOTHER Harriett Johnson

13 BIRTHPLACE OF MOTHER (city or town) Howard C Md
(State or country)

Informant Malcolm Johnson

(Address) 1031 N Amity St

Filed [illegible] 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to April 1, 1933, that I last saw h alive on April 1, 1933 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Organic Dis Heart

(duration) yrs. 4 mos. ds.

CONTRIBUTORY Pulm Oedema
(Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? H Horwood

(Signed) M.D.

April 5 1933 939 N Fayette St
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery Howard Co. Md.	April 5, 1933
20 UNDERTAKER	ADDRESS 3221 Schroeder St.
Mrs Katie R. Williams	

D. H. 1268-9

89203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89203

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Carlton St., 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ettye Gordon

(a) Residence: No. 517 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm E. Gordon

DATE OF BIRTH (month, day, year): Nov 25-1880

AGE: Years 52 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent at this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Wm H. Scott

14. BIRTHPLACE (city or town) (State or country): Annapolis Md

15. MAIDEN NAME OF MOTHER: Mary Johnson

16. BIRTHPLACE (city or town) (State or country): Cambridge Md

INFORMANT: Ella Johnson

(Address): 517 N. Carlton

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 7 1933

UNDERTAKER: Mrs Kate R Williams

(Address) 3 E Lexington Baltimore, Md

FILED 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

Apr 7th

12. DATE OF DEATH (month, day, year) C. 33

I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.....

I last saw h alive on August 19.. Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) H. Leek M. D.
Coroner

(Address) .....

89204

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89204

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 19-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Brown

(a) Residence: No. 518 N. Caitheus St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence (Sam)

6. DATE OF BIRTH (month, day, year) Jan 1 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Connor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cordelia Connor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rhoda

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 6, 1933

19. UNDERTAKER Mr Kate E. Williams

(Address) 322 N. Arlington Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1933 to April 1 1933

I last saw h alive on April 1, 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	Oct 1932
Myocardial Insufficiency	Jan 1933
Syphilitic aortitis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Bordley M. D.

(Address) Johns Hopkins Hospital

LaCo. 5-31 250B

89205 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 89205

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Bank Street St. 7-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. if of foreign birth 41 yrs. mos. ds.

2. FULL NAME Anna Leczkowski

(a) Residence: No. 2042 Bank Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wladyslaus Leczkowski

DATE OF BIRTH (month, day, year) July 20 1864

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frank . Kacprowicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Wladyslaus Leczkowski

(Address) 2042 Bank Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 6 1933

19. UNDERTAKER John F. Weber

(Address) 1401 E. Chester St

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1933 to April 2, 1933

I last saw her alive on April 2, 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset
Mitral Insufficiency
Chronic Nephritis
Arteriosclerosis

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Kaczkowski, M. D.

4/3/33 (Address) 2529 Eastern Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89206

89206

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Ford

(a) Residence: No. 1409 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 - 1933

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) ....

FATHER

13. NAME James Ford

14. BIRTHPLACE (city or town) .... (State or country) Virginia

MOTHER

15. MAIDEN NAME Pearl Washington

16. BIRTHPLACE (city or town) .... (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. College Date March 30 1933

19. UNDERTAKER .....
(Address)

20. DATE RECEIVED 1933 Washington Mathews, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933 to March 29, 1933

I last saw he alive on March 29, 1933 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth Injury (Fracture of Cranium & Hemorrhage)	3/28/33

Other contributory causes of importance:

Name of operation none Date of ....

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ....

(Signed) Ralph H. Deck M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

89207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89207

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Gorsuch ave St., 9-01 Ward)

Length of residence in city or town where death occurred: Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Florence Keller

(a) Residence: No. 146 Gorsuch ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry W. Keller

7. DATE OF BIRTH (month, day, year) July 5, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
.....	.....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME William R. Brown

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Sarah Gertrude Stidhoff

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

INFORMANT Harry W. Keller

(Address) 1411 Gorsuch ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 8, 1933

UNDERTAKER Cooley's Funeral Home

(Address) 700 E. Biddle ave

FILED 4-1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11. 1933 to April 4. 1933

I last saw h.. alive on April 4 1933 Death is said to have occurred on the date stated above, at 7-30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) N. G. Prentiss M. D.

(Address) 6349 Gorsuch Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89208 E 89208

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH (Vacant House 1929 Laurens 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: Or.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Warren

(a) Residence: No. 510 N. Mount St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country)

13. NAME ...

14. BIRTHPLACE (city or town) ... (State or country)

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) ... (State or country)

INFORMANT Mrs. Fannie Warren

(Address) 510 N. Mount

BURIAL, CREMATION, OR REMOVAL

Place Potter's Cemetery Date April 5 1933

UNDERTAKER Thurlington Williams

(Address) ...

FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Exposure,	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ...

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89209

CERTIFICATE OF DEATH

175 E 89209

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 2121-01 St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Shephard

(a) Residence: No. 1016 Russell Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Dept Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Date April 5, 19 33

19. UNDERTAKER Geo W Offutt Sons

(Address) 1833 Eutaw Pl

(Signature of Undertaker or Licensed Agent) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th (C. 19 33)

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 to Mar 28 1933

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Cutting Brain	Mar 27
due to fractured skull	

Other contributory causes of importance: Club

Name of operation ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide ... 19 33

Where did injury occur? 1016 Russell Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Quick M. D.

(Address) Coroner Coroner

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89210

E 89210

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 3513 Newland Road ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Emma C. Sharpe

a) RESIDENCE NO. 3513 Newland Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Felix F. Sharpe

TE OF BIRTH (month, day, and year) Jan. 18, 1881

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	26	

CUPATION OF DECEASED

a) Trade, profession or rticuiar kind of work 637

b) General nature of industry, siness, or establishment in hich employed (or employer) At home

c) Name of employer

RTHPLACE (city or town) Baltimore
State or country) Maryland

0 NAME OF FATHER William W. Watson

1 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

2 MAIDEN NAME OF MOTHER Anna Hindes

3 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Felix F. Sharpe

(Address) 3513 Newland Rd.

Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to April 4, 1933, that I last saw her alive on April 4, 1933 and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency with marked hypertrophy, & Acute dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis, nervous exhaustion. Cardiac hypertrophy. Duration Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 3513 Newland Road

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray, etc.

(Signed) Jack. R. Morgan M. D.

3/5, 1933 (Address) 6 E. Read St., Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL April 6 1933

20 UNDERTAKER Martin W. Offpl Inc

ADDRESS 3[illegible] Lanvale St

M. D. B. 1268-9

89211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89211

1. PLACE OF DEATH St Joseph's Hosp. 131 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustine Tzetsch (Brother Abald)

(a) Residence: No. St. Michaels Rectory St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1852

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roma Porter of 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Michaels Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rev. John G. Beier

(Address) 7 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date April 6th 1933

19. UNDERTAKER Fitz-Gilbert Co.

(Address) 721 E. Fayette St.

20. FILED ... 1933 ... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1933 to April 2, 1933

I last saw h... alive on April 2, 1933 Death is said to have occurred on the date stated above, at 7:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio-sclerosis	
Chronic Interstitial Nephritis	
Terminal Uremia	3/20/33

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, state how ...

(Signed) S. M. Magruder M. D.

(Address) St. Josephs Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89212 E 89212

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH Enroute to

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 26-01 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

from Block & Caroline Sts

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANK SCHULTZ (YERZAK)

(a) Residence: No. 910 S. Highland Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Nellie M. Schultz.

DATE OF BIRTH (month, day, year) Oct. 6 1886.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Chem.Co.

10. Date deceased last worked at this occupation (month and year) 4/33.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Michael C. Schultz.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME ? Lecheski.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Nellie M. Schultz (Wife)
(Address) 910 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus C Date April 7 1933

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 46 S. Wolfe St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at about 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency	?

Other contributory causes of importance:

Odema & Congestion of Lungs	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. W. Patten Coroner, M. D.

(Address) 508 E. North Ave

D. H. 1268-9

89213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89213

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Hospital St., 20 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Hennemann

(a) Residence: No. 547 N. Pulaski St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 7, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME George H. Hennemann

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary L. Sinsinethal

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George W. Hennemann

(Address) 3000 Littleton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 7 '33

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson ave.

FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy, 19..... to injury & autopsy

I last saw him alive on injury & autopsy Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Intracranial hemorrhage	

Other contributory causes of importance:

Antecedent Accident

Name of operation Autopsy Date of 4/5/33

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/31, 1933

Where did injury occur? Edmondson Ave & Ashburton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Pokorny, Jr. M. D.

Coroner

(Address) 2207 E Madison St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89214 E 89214

CERTIFICATE OF DEATH

183

Registered No. .....

1. PLACE OF DEATH Pronounced at Hopkins Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

ength of residence in city or town where death occurred .....

2. FULL NAME Russell McMullan

(a) Residence: No. 2707 Fleetwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James McMullan

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Jarrell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary L. Creel
(Address) 320 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Crownsville Md Date April 5 1933

19. UNDERTAKER John C. Miller
(Address) 1435 W. Pratt St

20. FILED 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to ..... . 19 .....

I last saw h alive on ..... . 19 . Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Drowning — Date of Onset Apr 5/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury Apr 5/33

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Accidently fell in harbor

Nature of injury at Pratt St & Fallsway

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H Beeuwkes M. D. Coroner

(Address) 508 E Mt

M. D. B. 1268-9

89215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89215

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Captain Charles James

(a) Residence: No. 2504 Manhattan Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.N.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mathews Co. (State or country) Va

FATHER

13. NAME Thomas James

14. BIRTHPLACE (city or town) Mathews Co. (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Ann Smith

16. BIRTHPLACE (city or town) ..... (State or country) Va.

17. INFORMANT Alex. R. James

(Address) 2504 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Cem. Date April 6 1933

19. UNDERTAKER John O. Matthews Sons

(Address) 1900 Pennsylvania Ave

20. FILED ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1-33 19..... to 4-4 1933

I last saw him alive on 4-4 1933. Death is said to have occurred on the date stated above, at 11:01 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy (benign)	
Myocarditis	
Nephritis	

Other contributory causes of importance:

Myocardial failure	3-20-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Lawson M. D.

(Address) U. S. Naval Hospital

M. D. B. 1268-9

E 89216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89216

CERTIFICATE OF DEATH

V 53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Albion Ave St., 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Disney

(a) Residence: No. 2503 Albion Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Thos. N. Disney

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Blanche Harrison

16. BIRTHPLACE (city or town) (State or country) Washington DC

17. INFORMANT Mr. Thos. N. Disney

(Address) 2503 Albion Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Apl. 6 1933

19. UNDERTAKER Wm. McKelvey Sons

(Address) North & Pulaski

20. FILED 1933 Washington Nuzum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1933 to April 4, 1933

I last saw him alive on April 3, 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of thyroid, recurrent	Feb 1933

Other contributory causes of importance:

Carcinoma of thyroid

Name of operation Exploratory for diagnosis Date of Feb 1933

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beauy A. Long, M. D.

(Address) 2309 Harford Rd

M. D. B. 1268-9

89217 E 89217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Basil Harman (Basil Smith Harman)

(a) Residence: No. Harmon Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 14-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4 3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER FATHER

13. NAME Regin A. Harman

14. BIRTHPLACE (city or town) (State or country) A A Co Md

15. MAIDEN NAME Charlotte Griffith

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Ellen Jane Sumwalt

(Address) Harman. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Harman. Md Date Apr. 6. 1933

19. UNDERTAKER Wm J Tschudi & Son

(Address) 1017 E Fayette St

20. FILED Apr 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1933, to April 4, 1933.

I last saw h.im alive on April 4, 1933. Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1928
Cardiac Decompensation	1932
Chronic Hospitalization	

Other contributory causes of importance:

Chronic Bronchitis. Emphysema	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Saunders M. D.

(Address) Emerson Hospital

M 89218

E 89218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2134 Wallbrook Ave St., 5-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Olivia Mauldin

(a) Residence: No. 2134 Wallbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Mauldin

6. DATE OF BIRTH (month, day, year) Nov. 26, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	4	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

13. NAME Slade Millick

FATHER

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sarah Naylor

16. BIRTHPLACE (city or town) Balto Co (State or country) Md

17. INFORMANT Mr. Harry L. Mauldin

(Address) 2134 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Md Date April 7 1933

19. UNDERTAKER Wm. H. Snyder Sons

(Address) North & Pa Aves.

20. FILED ... 19... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29 1933 to April 3 1933

I last saw her alive on April 2 1933 Death is said to have occurred on the date stated above, at 11.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Acute Endocarditis	March 29
+ Dilitation	April 3
Other contributory causes of importance:	
Anemia	5 yrs
	Nov

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Emile W Zeller M. D.

(Address) 212 W Lanvale Ave

Spec. H. 1921—E.B.R.S.—400 Bks.

89219

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89219

CERTIFICATE OF DEATH.

108

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 637 W. Barre St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Case

(a) Residence No. 637 W. Barre St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced, (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1868

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs A. Mason

(Address) 2026 McCulloh St

AG - 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 5. 1933

17- I HEREBY CERTIFY, That I attended deceased from April 1 1933, to April 5 1933, that I last saw h[illegible] alive on April 4 1933 and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) 4 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) C. H. Hinson M. D.

April 5 1933 (Address) 715 E Mont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn

DATE OF BURIAL, April 9 1933

20-UNDERTAKER, James A Hayes

ADDRESS 142 N Steel St

D. B. 1268-9

E 89220 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89220

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Hanover St., 22-01 Ward)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Jacobs (Black)

(a) Residence: No. 814 S. Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph H Jacobs

DATE OF BIRTH (month, day, year) Oct. 14 1877

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	5	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

8. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John H. Robinson

14. BIRTHPLACE (city or town) Kent Island
(State or country) Maryland

15. MAIDEN NAME Alberta Brown

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Cordelia Brown

(Address) 814 S. Hanover

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 9 19 33

UNDERTAKER James A. Hayes

(Address) 1424 Pennsylvania Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4. 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/31. 1933 to 4/4. 1933

Last saw h.e alive on 4/3 1933 Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia 2 days,	
Chronic nephritis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

NO If so, specify .....

(Signed) Dan Truscott M. D.

(Address) 1424 Pa Ave

D. B. 1265-9

9221 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89221

CERTIFICATE OF DEATH

178-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrtle Mills

(a) Residence: No. 393 Calvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Mills

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Talbot Md ?

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Robert Mills

(Address) 393 Calvin St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4-6-, 33

UNDERTAKER Arnold Eagle Funeral

(Address) 516 E Pratt

FILED 4-6-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Ether Poisoning while undergoing Operation Accident

Date of onset

Other contributory causes of importance:

Name of operation Pelvic Date of 4/3/33

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase

M. D. B. 1268-9

E 89222

E 89222 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Castle St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Stawiarska Sibistowicz

(a) Residence: No. 109 S. Castle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Sibistowicz

6. DATE OF BIRTH (month, day, year): July 20 1874

7. AGE: Years 58 | Months 8 9 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER

13. NAME: Unk.

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Unk.

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Sibistowicz Jos. (Address) 109 S Castle St.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Rosary Date April 7 33

19. UNDERTAKER: J. W. O'Leary & Sons (Address) 1932 Eastern Ave

20. FILED: April 7 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to April 4, 1933

I last saw her alive on April 4, 1933. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan 1 33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) William Heyward R. M. D.

(Address) 80 Chelsworth

ec.—1-12-23—M&T—500 Blks.

E 89223

89223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2511 Fait Av ST.) (WARD) 1-01

2-FULL NAME Mart Chmielewski

(a) RESIDENCE NO. 2511 Fait Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	

6 If married, widnwed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 5, 1933

AGE	Years	Months	Days	If LESS than 1 day, Hrs. or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ✓ 00

(b) General nature of industry, business, or establishment in which emplnyed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER James Chmielewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary Andrychowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant James Chmielewski
(Address) 2511 Fait Ave

15 Filed ..... 19 Huntington Pathological, M.D.

6 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1933

17 I HEREBY CERTIFY, That I attended deceased from April 5 , 1933 , to April 5 , 1933 ,
that I last saw h~~im~~ alive on April 5 , 1933
and that death occurred, on the date stated above, at P m

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ..... yrs. 8 mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Israel Stanglo, M. D.

4/6, 1933 (Address) 200 E. Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: April 6 1933

20 UNDERTAKER J. W. Ozgrewski — ADDRESS 1930 Eastern Ave

M. D. B. 1268-9

9224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9224

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 St. Paul St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Hinkley

(a) Residence: No. 1203 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 21st - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME Chas Hinkley

14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

15. MAIDEN NAME Auguste Bailey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Chas H. Taft
(Address) 1203 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 6-1933 Harrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933, to April 4, 1933

I last saw her alive on April 4, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19—

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. L. Ingram M. D.

(Address) 2439 N. Charles St.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89225 E 89225

CERTIFICATE OF DEATH

V 11-002

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Graff

(a) Residence: No. 3300 Oakfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. ~~Single, Married, Widowed,~~ or Divorced (~~write the word~~): Divorced

6a. If ~~married, widowed,~~ or divorced ~~HUSBAND of~~ (or) WIFE of: Frank Groff

6. DATE OF BIRTH (month, day, year): Jan 31st 1893

7. AGE: Years 40; Months 2; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Mary's County Md

MOTHER FATHER

13. NAME: William E. Dougherty

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Isabel V. Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Geo. E. B. Dougherty

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Freedmans Carroll Co Md Date: Apr 7th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: 4-7-1933 by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-30-, 1933, to 4-4, 1933

I last saw her alive on 4-4, 1933 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. B. Moore M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

226 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89226

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Greenmount Ave Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Irene Hitchcock

(a) Residence: No. 1604 Greenmount Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joshua C. Hitchcock

7. DATE OF BIRTH (month, day, year) Oct 8th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME Andrew Marley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

17. INFORMANT H. Brothers

(Address) 503 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 4/8 1933

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E Fayette St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, to April 5 1933

I last saw h[illegible] alive on April 4 1933 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D F Geraghty M. D.

(Address) 1310 N Patterson Park

M. D. B. 1268-a

89227

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89227

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Gough St 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Meyers

(a) Residence: No. 1431 Gough St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower.

7. DATE OF BIRTH (month, day, year): July 24. 1853

8. AGE: Years 79. Months 8 3 Days 28 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jno. Scarlett

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Vincent Lemmon

(Address) 1431 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 7. 1933

19. UNDERTAKER: Wendell & Riegel

(Address) 300 S. Eden St.

20. FILED 19 Registrar.

4-8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th. 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 14th. 1933. to April 4th. 1933.

I last saw him alive on April 4th. 1933. Death is said to have occurred on the date stated above, at 4.00 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Unknown
Myocarditis	"
Nephritis	"
Other contributory causes of importance:	
Acute Myocarditis	4/4/33.

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, state

(Signed) Philip Artigiani M. D.

(Address) 2942 East Fayette Street.

M. D. B. 1268-9

89228 HEALTH DEPARTMENT—CITY OF BALTIMORE 89228

CERTIFICATE OF DEATH

V 15

1. PLACE OF DEATH Balto. City Hospitals Registered No.

CITY OF BALTIMORE: (No. Broad mn St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon R. Riley LEONADERS. R RILEY

(a) Residence: No. 16 E. West St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced (write the word)~~ Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-25-~~18~~91

7. AGE: Years 63 Months 4 Days 209 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

FATHER

13. NAME Peter Riley

14. BIRTHPLACE (city or town) (State or country) gloucester Co Va

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Oakview Church Gloucester Co Va Date 4-7 1933

19. UNDERTAKER Bernard E Harbin (Address) 500 S Paca St.

FILED 1933 Huntingtown Calvert Co Md

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1932 to 4-4 1933

I last saw him alive on 4-4 1933 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cryspilas of face	3-29-33
Other contributory causes of importance:	
arteriosclerosis	?

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

4-5-33 (Signed) Chas. Hitchcock M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

89229

HEALTH DEPARTMENT—CITY OF BALTIMORE

89229

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Tranmant Ave St.) 10-81 (Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Bernstein

(a) Residence: No. 712 Tranmant Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Abraham Hurwitz

FATHER

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bernard Bernstein - Son
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 4-6-33 19.....

19. UNDERTAKER Last Living Act
(Address) 1057 E Baltimore St

Huntington Williams, Registrar.

FILED .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30th 1933 to April 5th 1933

I last saw her alive on April 5 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/30/1933
Other contributory causes of Importance:	
Hypertension	1920

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D. Peck M. D.

(Address) 936 E. Monument

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89230

CERTIFICATE OF DEATH

160-602 E 89230

Registered No. 9-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Peter Brenneis

(a) Residence: No. 1503 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1, 1933

AGE Years	Months	Days	If LESS than 1 day, hours or min.
---	--	3 d	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Peter H Brenneis

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret M.Brenneis

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mr.Peter H.Brenneis
(Address) 1503 Aisquith Street

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 6, 1933

UNDERTAKER George J. Roth Inc
(Address) 1325 Aisquith St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Birth Injury	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Coroner . M. D.

(Address) 555 E North Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89231

CERTIFICATE OF DEATH

131

E 89231

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 E. Hamburg St. 24th Ward)

Length of residence in city or town where death occurred 87 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Jenkins

(a) Residence: No. 333 E Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Jenkins

DATE OF BIRTH (month, day, year) May 17 1845

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	10	16 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis Riddle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Stoffel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Manda Reavel

(Address) 4321 6th St. E. Brooklyn Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 6. 1933

UNDERTAKER John F. Denny

(Address) 715 Light St

FILED APR 6 - 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to April 3 1933

I last saw h[illegible] alive on April 3 1933 Death is said to have occurred on the date stated above, at 9 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (Terminal)	

Other contributory causes of importance:

Myocarditis and Nephritis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Schwenk M. D.

(Address) 1337 E. Chase St.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89232 E 89232

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

Registered No. 25-04

CITY OF BALTIMORE: (No. 4809 Liberty Heights Ave. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Garland Denny

(a) Residence: No. 4809 Liberty Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Denny

7. DATE OF BIRTH (month, day, year) April 29 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Denny

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Anna Louise Pohlen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida B. Denny (Wife)
(Address) 4809 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Apr. 7 1933

19. UNDERTAKER John F. Denny — John F. Denny
(Address) 715 Light St.

20. FILED Huntington Village, N.Y. Registrar.
6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1933 to Apr 4 1933
I last saw him alive on Apr 3 1933 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 day
Other contributory causes of importance:	
Arteriosclerosis	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no ... If so, specify ...

(Signed) A. C. Smith M. D.

(Address) 4109 Liberty Heights Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89233

89233

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1028 N. Eden St. 10-01 (Ward)

ngth of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Lida Griffin

(a) Residence: No. 1028 N. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William A. Griffin

DATE OF BIRTH (month, day, year) 5-1-1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 3-30-33

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Louise P.

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT William A Griffin

(Address) 1028 N Eden St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/7/33 19

UNDERTAKER Ruth & Mitchell

(Address) 1515 McElderry St

FILED 1933 Register. Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-30 1933 to 4-4 1933

I last saw her alive on 4-4 1933 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	3-30-33
Other contributory causes of importance:	
To uremia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin McCombs M. D.

(Address) 11134 Caroline St

M. D. B. 1268-0

89234 E 89234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Balto. md. St. 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John (Roeder) Rader

(a) Residence: No. 514 S. Arch St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Ruder

6. DATE OF BIRTH (month, day, year) Nov 13, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth Storage Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME George Roeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Hessinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date Apr. 7, 1933
Henry Sander & Sons, Inc. Geo. T. Sander
19. UNDERTAKER Baltimore St. & Broadway, Balto. Md.
(Address)

20. FILED 4-8-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-1933

22. I HEREBY CERTIFY, That I attended deceased from IV-19-32 to 4-4-33

I last saw him alive on 4-4-1933 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-21-33
Other contributory causes of importance: arteriosclerosis	?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Hofstadter M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

89235

HEALTH DEPARTMENT—CITY OF BALTIMORE

89235

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 20-61 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry Klein

(a) Residence: No. 3311 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Klein.

7. DATE OF BIRTH (month, day, year): July 12, 1853

8. AGE — Years: 79 | Months: 8 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Klein

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Fleischlack

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date: Apr. 7th, 1933

19. UNDERTAKER: Henry Sander & Sons. Inc.

(Address) Baltimore St. & Broadway

20. FILED ..... Registrar.

Apr 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-7-33, 1933, to 4-4, 1933

I last saw him alive on 4-4, 1933. Death is said to have occurred on the date stated above, at 9.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder (Primary)	?
Other contributory causes of importance:	
Nephritis	3-1-33
Myocardial failure	4-1-33

Name of operation: Cystoscopy Date of: 11-2-32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

D. B. 1268-9

89236

HEALTH DEPARTMENT—CITY OF BALTIMORE

89236

CERTIFICATE OF DEATH

34

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Dallas St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Parker

(a) Residence: No. 102 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Parker

DATE OF BIRTH (month, day, year): Mar 22/1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	74	11	23 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Suffolk, Va

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Va?

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va ?

INFORMANT: Richard Parker (son)

(Address): 102 N. Dallas

BURIAL, CREMATION, OR REMOVAL

Place: Universal of Md Date: Aug 8, 1933

UNDERTAKER: [illegible]

(Address)

FILED 8-1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance: Paralysed in legs for 25 yrs	
Probably Syphillis	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] Coroner, M. D.

(Address) 508 E Fayette

D. B. 1268-9

89237 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89237

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Irvin Place S 6-01 Ward)

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (Less) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Sarweez

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 35-40 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Police Dept.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Interment Date 19

UNDERTAKER
(Address)

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) About Mar 14/33

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Alcoholism & Exposure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Walsh Coroner, M. D.
(Address) 506 E Monu

D. B. 1268-9

89238 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89238

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St., 14-21 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Green

(a) Residence: No. Ellicott City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

DATE OF BIRTH (month, day, year): 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labors
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country):

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Provident Hospital

INFORMANT (Address):

BURIAL, CREMATION, OR REMOVAL.
Place: [illegible] Date: June 6 1933

UNDERTAKER (Address):

FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on June 2 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
2nd degree burns	
	2 days

Other contributory causes of importance: Clothes caught fire from oil lamp alongside R.R. tracks

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury occurred [illegible] 19
Where did injury occur? Elkow Ellicott City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury: Burns
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) H. Buck Coroner, M. D.
(Address)

M. D. B. 1268-9

E 89239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 89285 64 X 94-002

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? 20 yrs. ..... mos. ..... ds.

2. FULL NAME Adam Sakowitz (Szukiewicz)

(a) Residence: No. 1 Bradshaw Ind St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith

MOTHER FATHER

13. NAME (a) Sakowitz

14. BIRTHPLACE (city or town) (State or country) Lith

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION OR REMOVAL

Place Holy Rosary Date April 8, 1933

19. UNDERTAKER John Krybiauckas, Jr.

(Address) 1423 S. Paca St.

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 5, 19.....

I last saw h.. alive on April 5 1933 Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	years?
Hypertension	"
Coronary disease	4 months
Fibrillation	1 hour.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Cowles Andrus M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

89240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89240

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-U Ward) 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Agnes C. Henneman

(a) Residence: No. Mount Hope Retreat St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank G. Henneman

6. DATE OF BIRTH (month, day, year) Aug. 14, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Hoff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Gallagher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mount Hope Retreat

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 4/7 19 33

19. UNDERTAKER J. J. Mullen

(Address) 3300 E. Baltimore St.

FILED 6 1933 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 33

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to April 4, 1933

I last saw h... alive on April 3, 1933. Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with decompensation	4 yrs
Coronary Thrombosis	3 days
Cerebral Sclerosis	5 yrs
Chronic Interstitial Nephritis	5 yrs
Other contributory causes of importance:	
Presenile Dementia	5 yrs
Paranoid	

Name of operation No Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Bonello M. D.

(Address) 3326 Frederick Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89241 E 89241

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 23-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. John Gaynor

(a) Residence: No. Mount Hope Retreat St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Martin Gaynor

14. BIRTHPLACE (city or town) Lisgoosey
(State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Clark

16. BIRTHPLACE (city or town) Galway
(State or country) Ireland

17. INFORMANT Mt Hope Retreat
(Address) Baltimore, Md.

18. BURIAL, CREMATION, REMOVAL
Place Mt. Calvary Date April 7 33

19. UNDERTAKER John A. Myron
(Address) 3000 E. Baltimore St.

20. FILED 1933 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to April 4, 1933

I last saw h. alive on April 4, 1933 Death is said to have occurred on the date stated above, at 6:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days
Chronic interstitial nephritis	3 years
Recurrent Inguinal Hernia	5 yrs.
Arteriosclerosis	3 yrs.
Other contributory causes of importance: Manic Depression	2 years

Name of operation None Date of

What test confirmed diagnosis? X-Rays Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Ewell Bonsell M. D.

(Address) 3316 Frederick Ave.

M. D. B. 1268-9

89242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89242

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Patapsco St. 23rd Ward)

(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Ruth Mildred Manner

(a) Residence: No. 1711 Patapsco St., Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 7, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	7	29	

OCCUPATION

8. Trade, profession, or partirular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Charles Manner

14. BIRTHPLACE (city or town) (State or country) Baltc., Md.

15. MAIDEN NAME Carrie Smith

16. BIRTHPLACE (rity or town) (State or country) Balto., Md.

17. INFORMANT Charles Manner
(Address) 1711 Patapsco Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date April 8, 1933

19. UNDERTAKER A. Rausch Evans
(Address) 38 S. Fort Ave

20. FILED April 8 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 5, 1933

I last saw her alive on April 5, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The prinrlpal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4.4.33
Other rontributory causes of importance:	
Exhaustion	4.5.33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Acrident, suicide, or homicide? Date of injury ....., 19....

Where did injury ocrur? (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to ocrupation of deceased?
No If so, specify

(Signed) M. L. Luchtenberg M. D.
(Address) 1224 Madison Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89243

CERTIFICATE OF DEATH

E 89243

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 E Heath St. 23-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ... mos. 29 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Zachary Wingate

(a) Residence: No. 17 E Heath St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Wingate

6. DATE OF BIRTH (month, day, year) March 5, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Farmer~~ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer Tin Plating

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Mr Otter
(Address) 17E Heath St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 7, 1933

19. UNDERTAKER C. Frank Evans
(Address) 25 E. Fort Ave

20. 1933 Huntington Williams, Registrar.
B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to April 4, 1933

I last saw him alive on April 4, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	4/1/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

4/5/33 (Signed) R. T. Campbell M. D.
(Address) 1644 Hanover St

M. D. B. 1268-9

9244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89244

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 S. Potomac St. 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Donnelly

(a) Residence: No. 1122 S. Potomac St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fore Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John J. Donnelly

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret A. Donnelly Sister
(Address) 1122 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 7 1933

19. UNDERTAKER Lilly & Zuke Inc.
(Address) 400 N. Fremont St

20. FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to April 4 1933

I last saw her alive on April 4 1933. Death is said to have occurred on the date stated above, at 8.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	1900
Other contributory causes of importance:	
Cardiovascular	[illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Horace B. Liston M. D.

4/6/33 (Address) 20 E. Highland Ave.

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89245 E 89245

CERTIFICATE OF DEATH X 139-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md. General Hospital
CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. EMMA OATES

(a) Residence: No. Whitacre, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~JACKSON~~ NELSON John R. OATES.

DATE OF BIRTH (month, day, year) Nov. 17th, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52 62	4	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) W. VA.

13. NAME JACKSON NELSON

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME ? McKee

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT MRS. NELLIE BOGEART Daughter
(Address) 909 ROSEDALE ST, BALTO, MD

BURIAL, CREMATION OR REMOVAL
Place Mapleville W. Va. Apr 6 33

UNDERTAKER Jack Swisher & Son
(Address) 1329 E. Baltimore St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1933 to APR. 5, 1933
I last saw HER alive on APR. 5, 1933. Death is said to have occurred on the date stated above, at 10:47 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncopneumonia	1933
Mitral Insufficiency	
Other contributory causes of importance:	
Post operative Shock	4/1/33

Name of operation Vaginal hysterectomy Posterior colporrhaphy Date of APR. 1, 1933

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Lee Lapsley M. D.

(Address) 1001 Lex. Bldg.

M. D. B. 1268-B

39246 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39246

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Stricker St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F Butterbaugh

(a) Residence: No. 1215 S. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lalla Emily A. (nee Worrall)

6. DATE OF BIRTH (month, day, year) July 18, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME Butterbaugh

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph A. Butterbaugh
(Address) 1215 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fu dory Pk. Date Apr 7, 1933

19. UNDERTAKER Harry H. Writsle
(Address) 4101 Edmondson Ave.

20. FILED APR 7 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 27, 1933, to Apr 4, 1933

last saw h. alive on Apr 3, 1933 Death is said to have occurred on the date stated above, at 10 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inter Cerebral rupture of cerebral aneurism	Several yrs ago
Other contributory causes of importance:	
Myocardial insufficiency	Mch 27

Name of operation none Date of .....

What test confirmed diagnosis? Unk Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) M Bunn and Hood M. D.

(Address) 2216 Garrison Blvd

Spec—12-23-21—E B.R.S.—400 Bks.

9247

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 700 Granby St. 16-01 107-001 Registered No.....

City of BALTIMORE (No. 2 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ena Margaret Smith

(a) Residence No. 700 Granby St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of late Thomas J. Smith

6-DATE OF BIRTH (month, day and year) Jan. 27, 1841

7-AGE, 92 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Balto. (State or Country), Md

PARENTS.

10-NAME OF FATHER Michael McDermott

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Ireland

14- (Informant) Miss Marie J. Bannon

(Address) 700 Granby St.

15- (Filed) 7-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 5, 1933

I HEREBY CERTIFY, That I attended deceased from January 2, 1931 to April, 1933, that I last saw her alive on April 5, 1933, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. O'Connor, M. D.

(Address) 1301 St Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL, 4/8/, 1933

20-UNDERTAKER Harry L. Nuttle, 410 — ADDRESS 16 Edmondson Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89248

89248

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hosp.

CITY OF BALTIMORE: (No. Unknown St., 11-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Frank P Keat

(a) Residence: No. 801 Chas. St, University Club St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widr.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 10, 1839

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Major in Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

13. NAME William C. Keat

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Wagstaff Keat Pa.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date 4/8/ 1933

UNDERTAKER Harry A. Witzke
(Address) 410 Edmondson Ave

FILED ....., 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1933 to 4-5 1933

I last saw h.im. alive on 4-5 1933 Death is said to have occurred on the date stated above, at 8 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Senility & Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Bay View Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89249

9249

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2231 Penna Ave St. 14-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Cooper

(a) Residence: No. 2231 Penna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write which): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 3-1887

7. AGE: Years 45 | Months 7 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT: Fannie Owens

(Address): 2016 Division

BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Date: 4/1/33

UNDERTAKER: Chas H. Cooper

(Address): 344 N. Carrollton Ave

FILED: APR 7 - 1933 19 Burlington Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on Apr 5 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	

Other contributory causes of importance:

Error of diet
Hyperchlorhydria
Sweet Potatoes & Beans

Name of operation ... Date of ...

What test confirmed diagnosis: Regular Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. E. Leith M. D.
Coroner

(Address) ...

M. D. B. 1268-9

89250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89250

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Hersey

(a) Residence: No. 1708 Baker St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced (or) WIFE of Leander Hersey

6. DATE OF BIRTH (month, day, year) Nov 8, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	45	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Robertson Cannon

14. BIRTHPLACE (city or town) (State or country) Cumberland, Md

MOTHER

15. MAIDEN NAME Elizabeth Chevalier

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/8 1933

19. UNDERTAKER Henry H. Myers and Son

(Address) 805 N. Calvert St.

RECEIVED APR 7 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/11 1932 to 4/6 1933

I last saw her alive on 4/6 1933 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1.

Other contributory causes of importance:

Name of operation Colostomy Date of 7/21/32

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N H Gundrum M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

89251 E 89251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunn Hospital St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Pluth

(a) Residence: No. 1829 E Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Oct 25 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	5	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodeph Shalom Cem Date 4/7/33 19 ....

19. UNDERTAKER Funk Bros Inc

(Address) 1739 E Baltimore St

20. FILED ..... 19 .....

CR 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 6, 1933

I last saw him alive on April 6, 1933 Death is said to have occurred on the date stated above, at 10 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis E. Bayne M. D.

(Address) Lunn Hospital

M. D. B. 1268-9

89252 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89252

CERTIFICATE OF DEATH

X 1/31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Annie Bloom

(a) Residence: No. Chamberstury St., ... Ward. Pennsylvania
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eli. F. Bloom

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Jacob Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Yetta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs. J. Logan 2901 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL. Hebrew Washington Rd. Date 4/7/33

19. UNDERTAKER (Address) Jack Levin Inc. 1439 E. Balto. St.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1933 to April 6, 1933

I last saw h.. alive on 4-6-33 a.m. 1933. Death is said to have occurred on the date stated above, at 1:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	April 2-

Other contributory causes of importance:

Hypertension
Cerebral Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Kopelman M. D.

(Address) Sinai Hospital

M. D. B. 1368-9

89253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89253

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N. Bond St. St. 8-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 16 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Blumberg

(a) Residence: No. 1117 N Bond St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Howard Blumberg

6. DATE OF BIRTH (month, day, year): 1864

7. AGE — Years: 69 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): —

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Jack Lewis Inc

(Address): 1439 E. Balto.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. Date 4/7/33 19

19. UNDERTAKER: Jack Lewis Inc

(Address): 1439 E. Balto St.

20. FILED ..... 19 .....

APR 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-7-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/ 1933, to 4/7 1933

I last saw him alive on 4/6 1933 Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
Other contributory causes of importance:	
Bronchial Pneumonia	

Name of operation: none Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Sigd. Sittman M. D.

(Address) 1304 E. Chase

D. B. 1268-9

89254 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89254

CERTIFICATE OF DEATH

V+ 89-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald Denham

(a) Residence: No. 280 St Helena Ave St. Dundalk, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 5, 1920.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	4	- -	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Masury Ohio

13. NAME OF FATHER David E Denham

14. BIRTHPLACE (city or town) (State or country) Sharon Pa.

15. MAIDEN NAME OF MOTHER Jeanette Ball

16. BIRTHPLACE (city or town) (State or country) Scotland.

INFORMANT David E. Denham.
(Address) 280 St Helena Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date April, 8, 1933

UNDERTAKER J. Melville Jenkins.
(Address) 459 Dundalk Ave.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 3.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	?
(Type undetermined)	
Other contributory causes of importance:	
Acute Otitis Media	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isk Hacen M. D.
Coroner

(Address) 606 E Fort Ave

89255

E 89255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city, 16 St. No 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley B. Prather

(a) Residence: No. 42 48 Nicholas Ave St., ... Ward. .....

(Usual place of abode) 85 yrs. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Prather

6. DATE OF BIRTH (month, day, year) 6/10/81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

MOTHER FATHER

13. NAME Stanley B. Prather

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Margaret Adams

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Florence Prather

(Address) 4248 Nicholas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 7th 1933

19. UNDERTAKER Leo D. Leach

(Address) 1783 N. Patterson Park Ave.

20. FILED ..... 19 ..... Registrar.

4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/27 1933 to 4/4 1933

I last saw h/M alive on 4/4 1933 Death is said to have occurred on the date stated above, at 1 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor left temporal Lobe.	3 m.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M W Jacobson M. D.

(Address) Balto City Hospitals

D. B. 1268-9

9256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B89256

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2619 Ailsa Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Robert S. Wrightson

(a) Residence: No. 2619 Ailsa Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredricka M. Wrightson

7. DATE OF BIRTH (month, day, year) June 22, 1864.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Thomas S. Wrightson

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Mary J. Smith

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Fredricka M. Wrightson
(Address) 2619 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Apr. 7, 1933,

19. UNDERTAKER Wm. C. Black
(Address) 927 N. Broadway

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 24, 1933 to April 4, 1933

I last saw h.. alive on April 4, 1933 Death is said to have occurred on the date stated above, at 3:41 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	1
Other contributory causes of importance: Pulmonary Hemorrhage	3-1-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St.

c.—2-29-28—L. F. S.—500 Bks.

89257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89257

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 833 N. Calhoun ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannah Cook.

(a) RESIDENCE NO. 803 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male.	Colored.	widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Cook.

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73.	not known		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic. 37

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer At home.

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Willis Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hannah Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Daisy Johnson Douglas

(Address) 833 N. Calhoun St.

Filed 4-1933, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4/33.

17 I HEREBY CERTIFY, That I attended deceased from March 2nd, 1933, to April 4th, 1933.

that I last saw her alive on 4/4, 1933

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobular Nephritis

Acute Gastric Ulcer of the Stomach & Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senility and Chronic Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. T. Dunn, M. D.

4/6 1933 (Address) 522 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery

DATE OF BURIAL 4/8 1933

20 UNDERTAKER Charles H. Burkett

ADDRESS 321 N. Carey St.

D. B. 1268-9

E 89258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89258

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 657 Pierce St., 17-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward W. Hall

(a) Residence: No. 657 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 2-1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Raymond Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rubie Rose White

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. R. Bowley

(Address) 657 Pierce St

17. BURIAL, CREMATION, OR REMOVAL

Place W. Lawn Date 4/8/33 19

UNDERTAKER Lynch, Fitzgerald & Son

(Address) 608 N. Eutaw St

Huntington, W. Virginia

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7- 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Primary Broncho-pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Guy Fuller, M. D.
Coroner

(Address) 2739 Eutaw

D. B. 1268-9

89259 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89259

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 N. Bruce St. 15-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Hurley

(a) Residence: No. 1414 N. Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Hurley

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) St Mary's Co

11. Total time (years) spent in this occupation Prince Geo Co

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm Hurley St Mary's Co

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co. Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Rosetta Hurley

(Address) 1414 N. Bruce St

17. BURIAL, CREMATION, OR REMOVAL

Place St Peter's Cem Date April 10 1933

18. UNDERTAKER V. A. Brooks

(Address) 1463 W. Lanvale St

19. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1933 to 4-5 1933

I last saw him alive on 4-5 1933 Death is said to have occurred on the date stated above, at 7p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	3 weeks

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John G. T. Kempler M. D.

(Address) 1164 N. Carrollton Ave

D. B. 1268-3

89260 Simms 89260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Hanover St., 16-84 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Simms

(a) Residence: No. 1480 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unk

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town) N Reard
(State or country)

15. MAIDEN NAME as Reard

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Janie Gray
(Address) 1480 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 9 1933

19. UNDERTAKER J. G. Brooks
(Address) 1613 N. Caroline St

20. FILED 4-13-33 Huntington Williams NDP
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1933 to 4-5, 1933

I last saw he alive on 4-5, 1933. Death is said to have occurred on the date stated above, at 8:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-1-33
Hypertensive Cardio Vascular Renal Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. B. Harris M. D.

(Address) Provident Hospital

M. 89261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89261

CERTIFICATE OF DEATH

V 94-002

1. PLACE OF DEATH Balto City Hospitals Registered No.
CITY OF BALTIMORE: (No. Balto Md St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Smallwood

(a) Residence: No. 1401 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet

6b. DATE OF BIRTH (month, day, year) ?

7. AGE: Years 64 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 64
10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER FATHER
13. NAME Eli —
14. BIRTHPLACE (city or town) (State or country) Annapolis, Md
15. MAIDEN NAME Sophie Butler
16. BIRTHPLACE (city or town) (State or country) Annapolis, Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt Lebanon Date Apr. 8 1933

19. UNDERTAKER U. G. Brooks
(Address) 1463 N. Carey St.

20. FILED 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1933 to 4-5 1933
I last saw h alive on 4-5 1933 Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Coronary Thrombosis | 4-4-33

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-5-33 (Signed) Elmer Hofferbert M. D.
(Address) Balto City Hospitals

D. B. 1268-0

9262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89262

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Abbottston St., 9-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. Unknown How long in U. S. If of foreign birth? 22 yrs. Unknown

2. FULL NAME Mario Lombardo

(a) Residence: No. 1748 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 10, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 3/24/33

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Sicily Italy

13. NAME John Lombardo

14. BIRTHPLACE (city or town) (State or country) Sicily Italy

15. MAIDEN NAME Antonina Puccia

16. BIRTHPLACE (city or town) (State or country) Sicily Italy

17. INFORMANT John Lombardo
(Address) 1748 Abbottston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 7, 1933

19. UNDERTAKER Frank V. Pupitone
(Address) 2518 E. Baltimore St.

FILED Huntington Williams, Registrar.

RT - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to April 5, 1933

I last saw h alive on April 4, 1933 Death is said to have occurred on the date stated above, at 1 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/28/33
Myocardial failure	4/3/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fro. B. Sybert, M. D.

(Address) 2802 Harford Ave.

Spec. 6-9-19—H. P. Co.—1000 Blks.

89263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89263

CERTIFICATE OF DEATH.

159

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1313 W. Lafayette. ST. 16-81 WARD)

2-FULL NAME Son of Charles Dorsey & Catherine Smith

(a) RESIDENCE. NO. 1313 Lafayette ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): ✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): April 6-1933

7 AGE — Years: ..... Months: ..... Days: ..... If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant - 0

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): 1313 Fayette ave Balto

10 NAME OF FATHER: Charles Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Catherine Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

PARENTS

14 Informant (Address): Catherine Smith 1313 Fayette ave

15 Filed ..... 19 ..... Registrar.

7 - 1933 0236 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1933

17 I HEREBY CERTIFY, That I attended deceased from April 6 . 1933 . to April 6 . 1933, that I last saw h alive on April 6 . 1933, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth 7 hours Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prolapsed Funis — Duration ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Thos H. Wright, M. D.

4/6 . 33 (Address) 1209 N. Eutaw ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: April 7 1933

20 UNDERTAKER ..... ADDRESS .....

M. D. B. 1268-B

89264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89264

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Montpelier St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Kremer

(a) Residence: No. 920 Montpelier St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Boy	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) April 6

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 920 Montpelier Balto Md

FATHER

13. NAME Frank L Kremer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Connolly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father

(Address) 902 Montpelier

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date April 7 1933

19. UNDERTAKER

(Address) Hartman Williams Inc

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1933 to April 6 1933

I last saw him alive on April 6 1933 Death is said to have occurred on the date stated above, at 6 A.M. P.

The principal cause of death and related causes of importance were as follows:

Bronchitis — Date of onset April 6

Other contributory causes of importance: Marasmus

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred Kremer M. D.

(Address) 2858 Hampden

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89265

CERTIFICATE OF DEATH

186-001 E 89265

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp. St. 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. O'Toole

(a) Residence: No. 2042 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 16/1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	4	1918	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John J. O'Toole

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caroline Gutmann

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John J. O'Toole
(Address) 2042 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Apr. 8, 1933

19. UNDERTAKER Philip Herring
(Address) 2016 Callow St

FILED, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to ..., 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Accidental Fall

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Apr. 4, 1933

Where did injury occur? 3900 E. Lombard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Empty House.

Manner of injury Fell through Skylight

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. C. Norris M. D. Coroner

(Address) 300 N. Calhoun St.

M. D. B. 1268-B

89266 **HEALTH DEPARTMENT—CITY OF BALTIMORE** BE89266

CERTIFICATE OF DEATH

157-003

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Chapel Gate Lane Ward 26)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. Gmos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie E. Willis

(a) Residence: No. 307 Chapel Gate St., Lane Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 30 / 1933

7. AGE — Years: — Months: 2 — Days: 6 / 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Emmett C. Willis

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Victoriaine Willis

16. BIRTHPLACE (city or town) (State or country): Cuba

17. INFORMANT: Emmett C. Willis

(Address) 307 Chapel Gate Lane

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: 4/7/ 33

19. UNDERTAKER: H. B. Hyker & Son

(Address) 1300 Eastern Ave.

FILED APR 7 - 1933 19 City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933 to April 6, 1933

I last saw her alive on April 5, 1933 Death is said to have occurred on the date stated above, at 4:55 a m.

The principal cause of death and related causes of importance were as follows:

Congenital Cardiac Disease — Date of onset Jan 30 1933

Other contributory causes of importance:

Congenital Cardiac Enlargement — Jan 30 1933

Name of operation: — Date of: —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave.

M. D. B. 1268-9

89267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89267

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saint Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2300 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Liliana Eyerly

(a) Residence: No. 711 Edgewood St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Eyerly

6. DATE OF BIRTH (month, day, year) May 3 1900

7. AGE	32 Years	11 Months	29 Days	If LESS than 1 day, ... hrs. or ..... min.
		10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Kirchmyer

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT William J. Eyerly
(Address) 711 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/8/ 1933

19. UNDERTAKER Geo. A. Appert & Son
(Address) 1300 Eastern Place

20. FILED 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1933 to April 5, 1933
I last saw her alive on April 5, 1933. Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pulmonary tuberculosis, extensive, tuberculous peritonitis with fibrosis vesicle vaginal fistula	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Lloyd U. Allison M. D.

(Address) St. Agnes Hosp.

H. D. Rec. 1268-9

F 89268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 268

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sydenham Hospital 6-01 St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louetta L. Munzert
(a) Residence: No. 2320 W. Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Munzert

7. DATE OF BIRTH (month, day, year) Jan 21, 1895

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	15 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Schwabeland

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie C Uhl

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Leonard Munzert
(Address) 2320 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Date 4/8/ 1933
Place Loudon Park

19. UNDERTAKER F. B. Kirkpatrick & Son
(Address) 500 Eutaw Pl.

20. FILED 4-8-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933 to April 6, 1933
I last saw her alive on April 6, 1933 Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	3/31/33
Other contributory causes of importance:	
Toxic Myocarditis	

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Fuller M. D.
(Address) Sydenham Hospital

M. D. B. 1268-9

9269

E 89269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Clifton Ave 15-W St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Hanson

(a) Residence: No. 3201 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie E. Hanson

6. DATE OF BIRTH (month, day, year) Sept. 4, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt Lamps &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lighting Dept

10. Date deceased last worked at this occupation (month and year) Baltimore Gas & Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Belfast Ire

FATHER

13. NAME John J. Hanson

14. BIRTHPLACE (city or town) (State or country) Sligo Ireland

MOTHER

15. MAIDEN NAME Bridget Flanigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Frank J. Hanson

(Address) 3201 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Apr. 8 19 33

19. UNDERTAKER Wm Fickus Sons

(Address) North & Pa Ave

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932, to April 5, 1933

I last saw h[illegible] alive on April 5, 1933 Death is said to have occurred on the date stated above, at 3.6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite
Chronic Nephritis	"

Other contributory causes of importance:

Myocardial Insufficiency	4-5-33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Wilson M. D.

(Address) 748 W 36 Hunt

M. D. F. 89270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89270

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 3-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Dickerson

(a) Residence: No. 31 S. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 1908

7. AGE: Years 25; Months ....; Days ....; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hucster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 & S

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Blanche Dickerson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lilly Morley

16. BIRTHPLACE (city or town) (State or country) Records

17. INFORMANT .....
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 7, 1933

19. UNDERTAKER Mrs. E. E. Elliott
(Address) 1129 N. Caroline st.

20. FILED April 11, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to April 5, 1933

I last saw him alive on April 5, 1933 Death is said to have occurred on the date stated above, at 10 25 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1931
Chronic diffuse myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89271 E 89271

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 S Chester st. St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Veronica Olszewski

(a) Residence: No. 246 S Chester st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: ~~HUSBAND of~~ WIFE of Late August Olszewski

7. DATE OF BIRTH (month, day, year) Feb. 5th 1864

AGE: Years 69 | Months 2 | Days —1 | If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Rose, Jelenc Daughter.
(Address) 246 S Chester street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cemetery Date April 9th 1933

19. UNDERTAKER George A Weber
(Address) 705 S Conkling street

FILED April 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/6 1933 to 4/6 1933

I last saw h alive on 4/6/33 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Bilateral Gangrene of Lower Extremities (Arteriosclerotic)	about 1 yr ago
Other contributory causes of importance: Acute Heart failure "Acquired"	3 hrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wallace E. Little M. D.

(Address) 719 Park Ave.

M. D. B. 1268-9

E 89272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89272

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Old York Road St., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella N. Smith

(a) Residence: No. 4708 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert R Smith

6. DATE OF BIRTH (month, day, year) Jan 26 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Robert Libby

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert R Smith

(Address) 4708 Old York Road

18. BURIAL, CREMATION, OR REMOVAL Oak Moreland Memorial Date April 8, 1933

19. UNDERTAKER Chenoweth Bros.

(Address) 3615-17 Chestnut Ave.

APR 7 - 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1933, to April 6, 1933

I last saw h[illegible] alive on April 5, 1933. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Hoey M. D.

(Address) 5602 York Rd

M. D. B. 1268-9

E 89273 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89273

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J Mason

(a) Residence: No. 2013 Prentman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE: Years 54; Months; Days; If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knit Underwear

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

13. NAME Charles F. Mason

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

15. MAIDEN NAME Maggie Farrow

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Fred B. Mason

(Address) Dorchester, Mass.

18. BURIAL, CREMATION, OR REMOVAL

London Park Date April 8, 1933

19. UNDERTAKER Thompson-Dyson

(Address) 345 E Chase St

20. FILED ..., 19... Registrar.

APR 7 - 1933 Registration District

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31st, 1933, to April 5th, 1933.

I last saw h.. alive on April 5th, 1933. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis Ruptured	3/31/33
Other contributory causes of importance: Intestinal Obstruction	4/3/33
Toxemia	
Acute Cardiac Dilatation	4/3/33

Name of operation Appendectomy Drainage of Intestinal Obstruction Date of 3/31/33 4/4/33

What test confirmed diagnosis? Clinical Was there an autopsy ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Albert Kimmel M. D.

(Address) St Josephs Hosp

D. B. 1268-9

89274 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89274

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lake Court Apts. St., 13-64 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie De Wolff

(a) Residence: No. Lake Court Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 5, 1858

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Benjamin DeWolff

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Sarah Benjamin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mr. J. DeWolff

(Address) Lake Court Apts.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Apr. 9, 1933

UNDERTAKER David Sondheim - Son

(Address) 1902 Eutaw Place.

FILED 1933 Huntington Lefevre, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933, to April 5, 1933

I last saw her alive on April 5, 1933. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Arteriosclerosis	3 Jan
Cerebral Hemorrhage	Jan 22-33
	9½ mos

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Leitz, M. D.

April 5 33 (Address) Temple Gardens Apts

M. D. B. 1268-9

89275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89275

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Epperson (Epperson)

(a) Residence: No. North Pt. Rd. Box 503 Ptz Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Epperson.

6. DATE OF BIRTH (month, day, year): 4/22/1883

7. AGE: Years 49; Months 11; Days 13; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House-Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER FATHER

13. NAME: James Spivey

14. BIRTHPLACE (city or town) (State or country): Tenn.

15. MAIDEN NAME: Sodie ?

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: William Epperson (Husband)

(Address): North Point Rd. Box # 503.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Carmel Cem. Date: April 8 1933

19. UNDERTAKER: Lilly & Zeiler Inc.

(Address): 403 S. Wolfe St.

20. 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1933 to 4/5 1933

I last saw her alive on 4/5 1933 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance, were as follows:

Carcinoma of breast — Date of onset 2 mos. ago.

Pneumonia.

Other contributory causes of importance:

Myocardial failure

Name of operation: Chole cysto gastroenterostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M.D.

(Address) Balto City Hospitals

ec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89276

89276

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1010 Brantley Av ST 18-01 WARD)

2—FULL NAME Ella Mantley

(a) RESIDENCE NO. 1010 Brantley Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) So. Carolina

10 NAME OF FATHER Peter Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) So Carolina

12 MAIDEN NAME OF MOTHER Margret Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) So Carolina

Informant Mary E Mantley

(Address) 1010 W. Brantley

Filed 4-7-1933 Hampton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4-1933

17

I HEREBY CERTIFY, That I attended deceased from Mch 24, 1933, to April 4, 1933,

that I last saw h.r alive on April 3, 1933

and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cervical abscesses

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) H. S. McCard M. D.

4/7, 1933 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 4/8/1933

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

M. D. B. 1268-9

89277 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89277

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 272 S. Highland Ave. Ward) Life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W. Easterfield

(a) Residence: No. 272 S. Highland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Easterfield

7. DATE OF BIRTH (month, day, year) Sept. 9 1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Geo. E. Easterfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah E. Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherine Easterfield
(Address) 272 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Apr. 8 1933

19. UNDERTAKER Philip Herwig & Co.
(Address) 2410 E. Pratt St.

20. NUMBER 1993 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3rd., 1933 to April 6th., 1933.

I last saw h in alive on April 6th., 1933. Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Unknown
Nephritis	"
Myocarditis.	"
Other contributory causes of importance:	
Acute Myocarditis	1 day.

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Philip Carlizzi M. D.
(Address) 2942 E. Fayette Street.

M. D. R. 1268-9

89278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89278

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH St Josephs Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., E. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rose V. Kelly

(a) Residence: No. 1542 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A.

6. DATE OF BIRTH (month, day, year) Sept 24 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	6	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Armstrong

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth McVeigh

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Thos. Kelly

(Address) 1542 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/8/33 19...

19. UNDERTAKER [illegible]

(Address) [illegible]

20. Filed ... 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933 to April 7, 1933

I last saw h[illegible] alive on April 4, 1933 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Menengo-Encephalitis	Mar 29 33
Chronic Mastoiditis	?

Other contributory causes of importance:

Hypertension C-V-R Disease

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89279 E 89279

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N Eutaw St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward P Flannery

(a) Residence: No. 530 N Payson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: News Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Flannery

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Slavin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Annie Bahr
(Address) 530 N Payson

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 4/8/33

19. UNDERTAKER Enoch Fowley
(Address) Spelman & Fowley Huntington Williams, N.Y.

20. FILED Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4 1933 to April 5 1933

I last saw him alive on April 5 1933 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage apoplexy	4/4/33
Other contributory causes of importance: Arteriosclerosis	1932

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. Neild M. D.

(Address) 105 N. Sutton Ave

D. B. 1268-9

89280 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89280

CERTIFICATE OF DEATH 178-106

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1600 S Clinton St., 5-6 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R Smith

(a) Residence: No. 306 N Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice F Smith

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Alice F Smith
(Address) 306 N Eden St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date 4/9 . 1933

UNDERTAKER Mrs Chas L Bailey
(Address) 1431 Jefferson St
Baltimore, Md

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a- Asphyxiation,	
Accidental	
Coronary Thr	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 4/6, 1933
Where did injury occur? 1600 S Clinton
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Asphyxiation
Nature of Injury Coronary Thrombosis

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Laborer

(Signed) ... M. D.
Coroner
(Address) 305 N Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89281

CERTIFICATE OF DEATH

131

E 89281

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 E. Cross St. 24-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte Jones

(a) Residence: No. 114 E Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of J. Burtley Jones, Sr

6. DATE OF BIRTH (month, day, year) Oct 15 1852

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	80	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Joshua Woods

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Hensley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lillian M Templeton

(Address) Dayton Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 8 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED Apr 7 1933 Huntington Williams Asst. R. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933, to Apr 6, 1933

I last saw h[er] alive on Apr 5, 1933. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic myocarditis	Unknown
Other contributory causes of importance: Bronchitis	Mar 28 1933
Uremia	Apr 6 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank Slater M. D.

(Address) 319 Eutaw St

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89282

89282

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1312 E. Fort Av ST. 24 WARD)

2—FULL NAME John Smith.

(a) RESIDENCE NO. 1312 E Fort ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Smith.

ATE OF BIRTH (month, day, and year) July 17-1875

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	19	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler maker & Driller

(b) General nature of industry, business, or establishment in which employed (or employer) Ship yards.

(c) Name of employer

IRTHPLACE (city or town) Balto
(State or country) Md.

10 NAME OF FATHER LeRoy Smith.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Mrs. Anna Smith.

(Address) 1312 E. Fort Av

Filed ..... 19 .....

Registrar

-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5-1933.

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to April 5, 1933

that I last saw h alive on April 5, 1933

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension Arteriosclerosis

Thrombosis Sinus Vein,

Recompensated Vegetative Endocarditis.

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation.

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. J. Stevens, M. D.

4-6, 1933 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL April 8 1933

20 UNDERTAKER Thos L Stevens

ADDRESS 1501 E. Fort Av

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9283 E 89283

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 Greenmount St., 9th E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Martin L. Clarke

(a) Residence: No. 2936 Greenmount St., Ave E Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Jane E. Blatchley

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	0	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 42 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER FATHER

13. NAME John Clarke

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Ellen White

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs Jane E. Clarke
(Address) 2936 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Park Prot Cemetery Date 4/8, 1933

19. UNDERTAKER Mary M. Mudgett
(Address) 221 E Fayette St

20. FILED ....., 19.... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) April 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1933 to April 6th, 1933

I last saw him alive on April 5th 1933. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/3/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What tests [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thos Thompson M.D. M. D.

(Address) 1414 E Fayette St

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89284 CERTIFICATE OF DEATH E 89284

1. PLACE OF DEATH Provident Hospital 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore W. Dent

(a) Residence: No. 1110 Etting St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Dent

DATE OF BIRTH (month, day, year) Feb 20. 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	1	17 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Woodville Md

13. NAME Albert Dent

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Jennie Dent
(Address) 1110 Etting St

BURIAL, CREMATION, OR REMOVAL
Place Woodville Md Date April 7, 1933

UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

FILED 1933 Huntington Prettyman, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 5, 1933

I last saw h[illegible] alive on April 5, 1933. Death is said to have occurred on the date stated above, at 3-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	

Other contributory causes of importance:

Ruptured Appendix	2 wks

Name of operation Laparotomy & Drainage Date of 4/2/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Bradshaw Stigmine M. D.

(Address) Provident Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89285

CERTIFICATE OF DEATH

108 E 89285

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2049 Division St., 14-01 Ward)

Length of residence in city or town (where deceased lived) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Briscoe

(a) Residence: No. 2049 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 2 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Ethel Briscoe

13. BIRTHPLACE (city or town) (State or country) Balto

14. MAIDEN NAME Celia Swalling

15. BIRTHPLACE (City or town) (State or country) Balto

16. INFORMANT Ethel Briscoe
(Address) 2049 Division

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date June 8, 1933

UNDERTAKER John H. Owens
(Address) 337 Dolphin St

FILED 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration—From onset to death
Lobar Pneumonia	3 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Funk, M. D.
Coroner

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89286

CERTIFICATE OF DEATH

E 89286

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mr. Chas. E. Laws

(a) Residence: No. 800 Madison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 15, 1866

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66 67	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME David Laws

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emily Ricketts

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address) Md. General Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Apr 10 33. 19

UNDERTAKER Stewart & Mowen Company

(Address) 108 W North Ave

FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1933 to 4-7 1933

I last saw h.... alive on 4-7 1933 Death is said to have occurred on the date stated above, at 1 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Cardiac Hypertrophy Dilatation	7 y
Other contributory causes of importance:	
Acute Cardiac Dilatation	4-7-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emil H. Lewis M. D.

(Address) Md. Gen. Hospital

D. B. 1268-9

89287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89287

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3-15 Guilford Ave St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clinton I. Richardson

(a) Residence: No. Homewood Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Richardson

DATE OF BIRTH (month, day, year) Nov 28 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) Probably 1933

11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Ella F. Richardson

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Wilmuth Richardson

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

INFORMANT C. I. Richardson (son)

(Address) 1st Mentioned

BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Date April 8, 1933

UNDERTAKER Wm. H. Miller Co.

(Address) 1st Mentioned

FILED 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on April 1933 Death is said to have occurred on the date stated above, at 2:15 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Bullet Wound through brain, Self-Inflicted Suicide while temporarily insane

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury April 7, 1933

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fenton, M. D. Coroner

(Address) 700 E. Chase

M. D. B. 1268-9

89288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89288

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Grey

(a) Residence: No. 1530 E. Fayette st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Richard Grey

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Georgie Vincent

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetry Date April 10, 1933

19. UNDERTAKER Edw. Bryan
(Address) 1691 Orleans st

20. FILED 19 Registrar.

8-1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1933 to April 5, 1933

I last saw her alive on April 5, 1933 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

93-003

89289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89289

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hosp. Balto. Md

CITY OF BALTIMORE: (No. ..... St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Felton

(a) Residence: No. 918 S Sharp St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Felton

6. DATE OF BIRTH (month, day, year) 10-17-94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

MOTHER FATHER

13. NAME Joseph Toney

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St John's Cem. Calvert Co, Md Date 4 10 1933

19. UNDERTAKER W. B. Spriggs

(Address) 139 W. Hamburg St

20. FILED ..... 19..... Registrar.

4-10-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-28 1933 to 4-5 1933

I last saw h[illegible] alive on 4-5, 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	10-1-32

Other contributory causes of importance: acute myocardial insufficiency 3-22-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

4-6-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

-30—M. & T.—100 II—50L

E 89290

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 89290

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Bevan St. ST. 23-01 WARD)

2-FULL NAME John White.(C) also known as Charlie Barnes

(a) RESIDENCE NO 926 Bevan St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December---1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	4	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Charles H. White(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Maria---------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Maggie Henson.(C)
(Address) 885 N. Fairmount Ave.

15 APR - 1933 , 192 RPP Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Bernhardt, M. D. Coroner

4/5/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va

DATE OF BURIAL 4/8 1933

20 UNDERTAKER Walter B. Spriggs

ADDRESS 739 W. Hamburg St.

Spec.—9 30—A. & Co.—250 Bks.

89291

HEALTH DEPARTMENT—CITY OF BALTIMORE

89291

CERTIFICATE OF DEATH.

108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital St. 20-21 WARD)

2. FULL NAME John Light

(a) RESIDENCE NO. 3606 Brentwood Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cecelia Light

7 DATE OF BIRTH (month, day, and year) June 10th 1903

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	9	29	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER John B Light

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Johanna Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

PARENTS

14 Informant Mrs Cecelia Light
(Address) 3606 Brentwood Ave

15 Filed ....., 19 ..... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-33

17

I HEREBY CERTIFY, That I attended deceased from 4-2-33, 19 , to 4-7-33 , 19

that I last saw h(er) alive on 4-7-33 , 19

and that death occurred, on the date stated above, at 12:17 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis (Left) -

(duration) yrs. mos. 7 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Clinical .....

(Signed) Bernard M. Brodnax, M. D.

, 19 (Address) Bon Secours Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 4/11/1933

20 UNDERTAKER John J Cowan & Son

ADDRESS 901 Hollins St.

pec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89292 108 E 89292

CERTIFICATE OF DEATH

REGISTERED NO. 2913.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 324-N. Carrollton ave. ST., 18-01 WARD)

2—FULL NAME Kermit Hall.

(a) RESIDENCE NO. Same as above ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alice Hall

DATE OF BIRTH (month, day, and year) Jan 26 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter. Op

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Harford Co. Md.

10 NAME OF FATHER Alfred Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Martha Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

Informant Alice Hall

(Address) 324 N Carrollton ave

Filed 4-8-1933 Huntington Fillmore, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 5, 1933,

that I last saw him alive on April 5, 1933

and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. S. Kinley Reesby, M. D.

, 19 (Address) 702 N. Carrollton ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL—CREMATION OR REMOVAL Mt. Zion Cem. Harford Co. Md.

DATE OF BURIAL 4/8 1933

ADDRESS 578 W Biddle St

20 UNDERTAKER Samuel T Kemsley

D. B. 1268-9

89293 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89293

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fort Hill St 3-01 St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Aug 8 , 19 33

19. UNDERTAKER [redacted]

(Address) [redacted]

FILED Aug 8 , 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 , 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... to ..... , 19 .....

I last saw h... alive on ..... , 19 ... Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Accidental Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 2 , 19 33

Where did Injury occur? Fort Hill St
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Public Pier Harbor

Manner of Injury Fell overboard

Nature of Injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [redacted] M. D.
Coroner

(Address) [redacted]

D. B. 1268-9

M

89294 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89294

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE J. BASEL.

(a) Residence: No. 1510 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

If married, widowed, or divorced
HUSBAND of ---------
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 12 1914.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck-Helper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles H. Basel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Catherine Telljohann.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Catherine Basel (Mother)
(Address) 1510 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Apr. 10 19 33

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19.... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Contusion of Brain	
Other contributory causes of importance:	
Automobile Accident	

Name of operation Decompression Date of 4/4/33

What test confirmed diagnosis Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 28 1933

Where did injury occur? Infront of 3500 Cleveland Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St.

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9295 — 89295

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St. 27-01 (Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Earl Hansen

(a) Residence: No. 2909 Bauernwood Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 18/1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Milaca, Minn.

13. NAME Nimrod E. Hansen

14. BIRTHPLACE (city or town) (State or country) Milaca, Minn.

15. MAIDEN NAME Daisy Scothorn

16. BIRTHPLACE (city or town) (State or country) Olewein, Iowa.

INFORMANT Nimrod E. Hansen
(Address) 2909 Bauern wood, Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Milaca Minn Date 4/11/ 33

18. UNDERTAKER H C Brunning Son
(Address) 1134 Park Ave.

19. FILED . 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	??

Other contributory causes of importance:

Empyema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. E. Hansen M. D.
Coroner

(Address) 108 E Main St

M. D. B. 1268-9

89296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89296

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 N. Franklin St. 18-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Lottie Wright

(a) Residence: No. 764 N. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Benjamin Wright

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Parraway

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Ann Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mariah Murray

(Address) 908 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Apr 8, 1933

19. UNDERTAKER Bernard P. Hanley

(Address) 1600 Pennsylvania Ave

20. Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to April 6, 1933

I last saw her alive on April 6, 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Stomach Carcinoma	4/6/33

Other contributory causes of importance:

Name of operation ~~Biopsy~~ Date of

What test confirmed diagnosis ~~Biopsy~~ Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Lee Blue M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

Charles D. Hayes

9297 2 71417

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 89297

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 13-61 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles D. Hayes

(a) Residence: No. 3967 Roland ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-1-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insuring Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Robert James Hayes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 10- 1933

19. UNDERTAKER Horace E. Burgee

(Address) 3631 Falls Road

APR 8 1933 Registrar.

Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30. 1933 to April 6. 1933

I last saw h. in alive on April 6. 1933 Death is said to have occurred on the date stated above, at 11 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4-3
Pneumonia - Broncho	4-5

Other contributory causes of importance:

Chronic Bronchitis

Syphilis

Name of operation Exploratory Laparotomy Date of 4-3-33

What test confirmed diagnosis? Above Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) I Ridgeway Trimble M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1265-9

E 89298

89298 04

25 24 04

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137V

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-01 St., Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franz Decker

(a) Residence: No. 401 Caroline St., Ward. Cumberland Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes

6. DATE OF BIRTH (month, day, year): 5/6-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Jacob Decker

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Becker

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cumberland Md Date: April 8, 1933

19. UNDERTAKER: Wm J Lechner & Son
(Address): Frost & Pa

20. FILED: APR 8 1933 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931 to Apr 8, 1933

I last saw h... alive on Apr 8, 1933 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative infection in a case of Benign prostatic hypertrophy	9-18-31
evidenced by 1) Perivesical abscesses.	
2) Lung abscess.	12-8-32
3) Transient septicemia	
Other contributory causes of importance: Hydronephrosis right.	1-22-32

Name of operation: Perineal prostatectomy, drainage of perivesical abscesses on Date of: 9-14-31 five occasions

What test confirmed diagnosis? Cultures Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lamar A. Gray M. D.

(Address) Johns Hopkins Hospital.

M. D. B. 1268-9

89299 HEALTH DEPARTMENT—CITY OF BALTIMORE 89299

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 Lawnview Ave St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret G Kinnear

(a) Residence: No. 3122 Lawnview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Kinnear

6. DATE OF BIRTH (month, day, year) Oct. 25, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Philip H. Croney Sr.

14. BIRTHPLACE (city or town) Baltimor Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Harryman

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT David Kinnear
(Address) 3122 Lawnview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Apr 10, 1933

19. UNDERTAKER John Wenst
(Address) 2108 Orleans St

20. FILED ..... 19..... Registrar

Reg. as 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to April 7, 1933.

I last saw her alive on April 6, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/17/33

Other contributory causes of importance: Chronic Cystitis — Not definite

Name of operation none Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Benj. F. Hagen M. D.

(Address) 216 E. Caroline St.

D. B. 1268-9

89303 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89300

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Bentalou St., 15-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lambert Kuhn

(a) Residence: No. 812 Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Kuhn

DATE OF BIRTH (month, day, year) June 13 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) 28 11a. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

13. NAME OF FATHER Kurt Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary Culp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Kuhn (Address) 2428 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date Sept. 9, 1933

19. UNDERTAKER Harold Sonnheim & Son (Address) 1928 Eutaw Place

Huntington Palmetto 8 Registrar.

FILED SEP 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to ..... 19.....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 d

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. C. Leik, M. D.

(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89301 E 89301

CERTIFICATE OF DEATH

131V Registered No.

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 4-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Robinson

(a) Residence: No. 1618 Madison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 3-17 —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook & Ldr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Hotel

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME ? Robinson

14. BIRTHPLACE (city or town) (State or country) Caroline Co Va

MOTHER

15. MAIDEN NAME Fanny ?

16. BIRTHPLACE (city or town) (State or country) Caroline Co Va

17. INFORMANT Records Balto (Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date April 6 1933

19. UNDERTAKER E C Wilson (Address) 1000 Pennsylvania Ave Huntington West Virginia

20. FILED 4-6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31 1933 to 4-5 1933

I last saw h. alive on 4-5 1933 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Myocardium	4-1-33

Other contributory causes of importance:

Nephritis chronic arteriosclerotic	?

Name of operation None Date of —

What test confirmed diagnosis Clinical With there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-5-33 (Signed) Elmer Richardson M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89302

CERTIFICATE OF DEATH

164 E 89302

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 203 W Read St. 20-11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Jacobs

(a) Residence: No. 216 S. Collins Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Sept 10 1916

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Martin Jacobs

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary Isle

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Martin Jacobs

(Address) 216 S. Collins Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apr. 10, 1933

UNDERTAKER: Irving A. Leitzke

(Address) Public Accountant and Notary Public Easton, Md. R.F.D.

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide

Illuminating Gas

Sealden

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury ..... 19.....

Where did injury occur? 2333 W Read

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Schuck Coroner, M. D.

(Address) Coroner

(Duncan)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89303 E 89303

XV 108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)
(Wilkens + Caton ave 3-5-01 St. ..... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leo L. Duncan

(a) Residence: No. Ellicott City, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Duncan

6. DATE OF BIRTH (month, day, year) Mar 12, 890.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Leo Lumus Duncan

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Lucilla Edward

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mrs Myrtle Duncan
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL Ellicott City, Md. Date April 8 1933
Place Ellicott City Md

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1933 to 4-8, 1933

I last saw h.. alive on 4-8, 1933 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Lower left)	3-29-33
Pulmonary Embolism	4-8-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Alfred Van Arsdale M. D.

(Address) St Agnes Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89304

89304 (JHH?) CERTIFICATE OF DEATH 422-007

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dead on arrival Hopkins ph Hpspital St. 401 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Scott

1a) Residence: No. 659 W. Mulberry St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Joshua Scott

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rice. Va.

13. NAME Martin Roster

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Amanda Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Addie Foster (daughter)
(Address) 659 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Rice, Va. Date April 9, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED APR 9 1933 Huntingtown Calvert Co. Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Intestinal Obstruction	

Other contributory causes of importance:

Undetermined

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Hayes M. D.
Coroner

(Address) 5086 Dorsey

D. B. 1268-9

89305

HEALTH DEPARTMENT—CITY OF BALTIMORE

89305

CERTIFICATE OF DEATH

M

V. 510-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward J. H. Laser Jr.

(a) Residence: No. 435 Freeman St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

7. DATE OF BIRTH (month, day, year) July 3, 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Edward J H Laser Sr.

14. BIRTHPLACE (city or town) (State or country) Fairfield, Md

15. MAIDEN NAME Eleanor Berlin

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Edward J H Laser Sr.
(Address) 435 Freeman St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 10th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED April 10 1933 Clinton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ingury, 19.. to ..... 19.....

I last saw h alive on ingury, 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull

Date of onset

Other contributory causes of importance:

automobile Accident

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/7, 1933

Where did injury occur? In front of 423 Patapsco Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury running across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph P Carey Coroner M. D.

(Address) 2100 E Monument St

M. D. B. 1268-9

E 89306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89306

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 19th Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds. Life

2. FULL NAME Phillip Gehb

(a) Residence: No. 215 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~last wife of~~ Elizabeth Gehb

6. DATE OF BIRTH (month, day, year) Feb 5th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Adam Gehb

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Einolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Toh

(Address) 5008 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

PM London Park Date April 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19.... ..... Registrar.

4-10-1933 Hartsock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-6 1933 to 4-7 1933

I last saw him alive on 4-7 1933 Death is said to have occurred on the date stated above, at 5:58 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (sub and acid)	4-6-33
Cerebral artero sclerosis	?
accidental fall to floor	
No Inquest necessary	
Other contributory causes of importance: Otto Leonhardt MD Coroner	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. Grove M. D.

(Address) Franklin Square Hospital

D. H. 1268-9

Hinks

E 89307 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89307

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 St. Paul St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Hinks.

(a) Residence: No. 3019 St. Paul St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~or wife of~~ Anna B. Hinks

7. DATE OF BIRTH (month, day, year) July 4th 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Auditor of Q

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1923

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel Hinks

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Hirsdorf

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward R. Hinks

(Address) 26 Summerfield Rd - Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Apr 8 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Gun Shot wound Abdomen Suicide

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lee Thompson, M. D. Coroner

(Address) 1672 Roland Ave

H. D. B. 1268-9

E 89308 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89308

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W. Mulberry St. 30-41 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Chrisman Wakeland.

(a) Residence: No. 1822 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Jane Wakeland.

DATE OF BIRTH (month, day, year) November 7 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Marshall Wakeland

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) Churchville (State or country) Md.

17. INFORMANT Edna Johnston

(Address) 1822 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 10 1933

19. UNDERTAKER Wm Cook

(Address) 1317 St. Paul St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933 to April 8 1933

I last saw h[illegible] alive on April 7 1933 Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 da

Other contributory causes of importance:

Carcinoma of Rectum	unknown

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson Ave.

D. B. 1268-9

9309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M
001
210 E 89309

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. 8-01 (Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Virginia Hershfield

(a) Residence: No. 2812 Park View Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 15, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Mont.

13. NAME Charles P. Hershfield

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Evelyn Roare

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Bruce Wright

(Address) 1928 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr. 10, 1933

19. UNDERTAKER Wm E. Black

(Address) 927 N. Broadway

20. FILED Apr 10 1933 Huntington Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 4/7, 1933

Where did injury occur? Corner of Park View Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while crossing Park View Ave on foot 4/7/33

Nature of injury Fractured Base of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josh Ehorey M. D.
Coroner

(Address) 2702 E. Monument St.

E 89310

M. D. B. 1268-9

89310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 W. Fayette St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Cecila Walls.

(a) Residence: No. 1702 Frederick Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rigby Walls.

6. DATE OF BIRTH (month, day, year) Apr. 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Churchhill Queen Anne Co. Md.

FATHER

13. NAME Jno Bacon

14. BIRTHPLACE (city or town) (State or country) Crawford Md Cecil Co.

MOTHER

15. MAIDEN NAME Eliza Ann Bacon

16. BIRTHPLACE (city or town) (State or country) Baltimore Point Baltimore Co. Md.

17. INFORMANT John F. Nicholas

(Address) 1717 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Edmonds Hill Date April 11, 1933

19. UNDERTAKER Wm. H. Good

(Address) Frederick Road

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1933, to 4-9, 1933

I last saw her alive on 4-9, 1933 Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 Day
Pulmonary Edema	

Other contributory causes of importance:

Rheumatic cardiovascular disease & hypertension	?
Uremic Coma	3 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Andrew E. Calas M. D.

(Address) 47 N. Fulton Ave.

6-1933

M. D. B. 1268-B

89311 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89311

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ella Banks

(a) Residence: No. 1800 N Smallwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Late Simon

6. DATE OF BIRTH (month, day, year): 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Walter Markell

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jay Banks

(Address): 1940 W North ave

18. BURIAL, CREMATION, OR REMOVAL: Forest Washington Blvd Date 4/9 19 33

19. UNDERTAKER: Lowndes 1132 Eutaw st

(Address): 117 E Baltimore

20. FILED 4-9-1933 Huntington Blvd M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1933 to 4-8, 1933

I last saw her alive on 4-8, 1933 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 days
Other contributory causes of importance: Peri-Nephritic abscess (Rt.)	3 months
Chr. Myocarditis	5 years
Arteriosclerosis	

Name of operation: Nephrostomy & drainage Date of 3-24-33

What test confirmed diagnosis? Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Cohen, M. D.

(Address) Sinai Hospital

ec.—1-12-23—M&T—500 Blks.

89312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89312

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 430 S. Pulaski ST. 20-01 (WARD)

2-FULL NAME Joseph Kallinsky

(a) RESIDENCE NO. 430 S. Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowered

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late Maria —

DATE OF BIRTH (month, day, and year) 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Ellia Kallinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. Kallinsky (Address) 430 S Pulaski st

15 Filed 4-9-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to April 7, 1933, that I last saw h alive on 4/7, 1933, and that death occurred, on the date stated above, at 3:10 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M.D. M. D.

4/8/1933 (Address) 2030 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 4/9/1933

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89313

89313

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapelgate Lane Ward) 28-01

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Johann H. Sieling

(a) Residence: No. 600 Chapelgate Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) April 15-1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as sfik mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hammond J Sieling

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Virginia Sieling

(Address) 600 Chapelgate Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 1933

19. UNDERTAKER Mary E. Starr.

(Address) Elkridge, Md

FILED 9-1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1930, to April 6, 1933

I last saw him alive on April 4 1933 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset —

Other contributory causes of importance:

Arteriosclerosis — —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Worthington Williams M. D.

(Address) 6 Dalton Ave, Catonsville Md.

Spec.—0-30—A. & Co.—250 Blks

89314 ✓ E 89314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003
REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 7879 Christopher Ave 27-01 WARD)

2-FULL NAME Joseph Pilarski

(a) RESIDENCE NO 2879 Christopher Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Josephine

6 DATE OF BIRTH (month, day, and year) July 17 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Pilarski

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Poland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Helen Macko
(Address) 2879 Christopher Ave

15 Filed ..... 19 ..... Registrar

9-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6, 33

17 I HEREBY CERTIFY, That I attended deceased from Jan. , 1933 , to Apr. 6 , 1933

that I last saw him alive on Apr. 4 , 1933

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George D. Kipp M. D.

, 19 (Address) 431 S. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL April 10 1933

20 UNDERTAKER Martin W. E. Duppel — ADDRESS 37 S Ann St

M. D. Record 89315

E 89315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Calvert St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Robert Ellis

(a) Residence: No. 1718 N. Calvert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Plummer

6. DATE OF BIRTH (month, day, year): Nov. 16, 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Robert Ellis

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Mary E. Sheckells

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Della P. Ellis

(Address) 1718 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cemetery Date: 4/11 1933

19. UNDERTAKER: Henry W. Mears and Son

(Address) 805 N. Calvert Street

20. FILED 4-12-1933 Walter [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to April 8, 1933

I last saw h[illegible] alive on April 8, 1933 Death is said to have occurred on the date stated above, at 1 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1930
Other contributory causes of importance:	
Infestinal toxaemia & Large Decubitus Ulcer	1 week / 1 mo.

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathaniel M. Beck M. D.

(Address) 1002 E. 23rd St.

AACo. 5-31 250M

89316 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89316

CERTIFICATE OF DEATH

Registered No. 76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E. Lafayette Ave St. 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William T. Myers

(a) Residence: No. 316 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hollie Myers

DATE OF BIRTH (month, day, year) May 7-1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. File setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Myers

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Kelly

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. Alice Marriott 2834 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Metro Cem Date Apl 10 '33

19. UNDERTAKER (Address) Chas. H. Bacon Son 1550 W. Mt. Royal Ave

20. FILED ... 19... Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 18, 1933

I last saw him alive on March 18, 1933 death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	1929

Other contributory causes of importance:

None	

Name of operation — Date of —

What test confirmed diagnosis? State Sanatorium Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D. Quinn M. D.

(Address) 1507 N. Fulton Ave.

M. D. B. 1268-9

9317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89317

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. St. 13-91 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Hepding

(a) Residence: No. 2921 Keswick Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fronie Hepding

6. DATE OF BIRTH (month, day, year): 11-8-1882

7. AGE: Years 50 | Months -4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 0&3

12. BIRTHPLACE (city or town) (State or country): Grays, Md.

FATHER

13. NAME: Ferdinard

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Emma Rhein

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date Sept 10, 1933

19. UNDERTAKER (Address): Edmonson & Love 3615-17 Chestnut Ave.

20. FILED 19... Registrar.

SEP 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1923 to Sept 7, 1933

I last saw him alive on Sept 7, 1933 Death is said to have occurred on the date stated above, at 10.00 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	5-1-33
Other contributory causes of importance: arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

5-8-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

MACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89318

CERTIFICATE OF DEATH

93-083 E 89318

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2764 Pelham Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Steinmetz

(a) Residence: No. 2764 Pelham ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

6. If married, widowed, or divorced (or) WIFE of Henry Steinmetz

DATE OF BIRTH (month, day, year) June 20, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jacob Heussler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Freda Hau

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs augusta Haas

(Address) 2764 Pelham ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Apr 10, 1933

19. UNDERTAKER Philip Herring & Co

(Address) 2016 E Baltimore St

[illegible], 19 [illegible] Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7/1933

22. I HEREBY CERTIFY, That I attended deceased from 2/27/1933 to 4/7/1933

I last saw her alive on 4/7/1933 death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2/27/33
Other contributory causes of importance: Acute dilatation of heart	4/7/33

Name of operation none Date of

What test confirmed diagnosis? V Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Abner Dawden, M. D.

(Address) 317 E. North Ave,

M. D. B. 1268-9

89319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 89319 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 S Charles St. 12-01 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A Muhly.

(a) Residence: No. 1514 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Muhly.

6. DATE OF BIRTH (month, day, year) Feb. 12 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ebenhardt Muhly.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Eitel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Florence Muhly.
(Address) 1514 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4-10 19 33

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

FILED 19 Registrar.

APR 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from February 10. 1933. to April. 6 1933

I last saw h[illegible] alive on April 9. 1933. Death is said to have occurred on the date stated above, at 5.53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis.	
Other contributory causes of importance:	
Senility.	

Name of operation none. Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James Graham Marator M. D.
(Address) 516 Cathedral St.

April. 9, 1933.

ec.—1-30—M. & T.—250 Bks.

89320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89320

107-001

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 3611 Winner Ave ST. 27-01 WARD)

2-FULL NAME William Basil Shephard

(a) RESIDENCE NO. 3611 Winner Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec. 27 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Raymond A. Shephard

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ada E. Lake

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs Raymond A. Shephard
(Address) 3611 Winner Ave

Filed 4-1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr 7 - 1933 to Apr 7 1933, that I last saw him alive on Apr 7 1933, and that death occurred, on the date stated above, at 6-30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 2 da.

CONTRIBUTORY —
(Secondary)
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Charles J Decker, M. D.

, 19 (Address) 5276 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cemetery

DATE OF BURIAL April 10 1933

20 UNDERTAKER Josiah Syfer

ADDRESS 1600 W. North ave

M. D. B. 1268-9

E 89321

HEALTH DEPARTMENT—CITY OF BALTIMORE

9321

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto. City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Jud. St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Stalfort

(a) Residence: No. 2035 Harlem St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle —

6. DATE OF BIRTH (month, day, year) 3-10-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31		1671	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 029

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

FATHER

13. NAME William —

14. BIRTHPLACE (city or town) Balto
(State or country)

MOTHER

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Bessie Fulton
(Address) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 10, 1933

19. UNDERTAKER Isaac Lefler
(Address) 1600 N. Gilmor St

20. FILED APR 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-33

22. I HEREBY CERTIFY, That I attended deceased from 4-1-33 to 4-6-33

I last saw him alive on 4-6-33 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1-1-33

Other contributory causes of importance:

Rheumatic Heart Disease	?

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

4-8-33 (Signed) Clive Hibbs Jr. M. D.

(Address) Balto. City Hospital

H. D. B. 1268-9

89322 HEALTH DEPARTMENT—CITY OF BALTIMORE 89322

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH University Hospital 25-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Brawner

(a) Residence: No. 111 Pettigrew Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 6 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
New born		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

13. NAME Wm Brawner

14. BIRTHPLACE (city or town) Phila
(State or country) Pa

15. MAIDEN NAME Ida Mitchell

16. BIRTHPLACE (city or town) Phila
(State or country) Pa

17. INFORMANT Ida Mitchell
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-6-33 A.M. 19..... to 7-9-33 P.M. 19.....

I last saw him alive on 7-6-33 19..... Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Spec. 6-9-19 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89323

89323

CERTIFICATE OF DEATH.

REGISTERED NO. 93-003

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO 5402 Hamilton ST. 27-01 WARD)

2-FULL NAME Louise M. Steindle

(a) RESIDENCE NO. 5402 Hamilton WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Steindle

6 DATE OF BIRTH (month, day, and year): 10/19/1855

7 AGE: Years 77 Months 5 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Baumeister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margarite Haberkorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Andrew D Steindle 5402 Hamilton

Filed 9 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 7 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Apr 7, 1933

that I last saw her alive on Apr 7, 1933

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Henry A. Long, M. D.

1933 (Address) 5054 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 4/10/33 19

20 UNDERTAKER: George J Pentz Inc — ADDRESS: 1735 Harford Ave

M. D. B. 1268-9

89324 E 89324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-91 Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Gambino

(a) Residence: No. 4215 Kenwood Ave St., Kensington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 10 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation. 000

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Stephen Gambino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Bella Ardelena

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Dead (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/10/33 19

19. UNDERTAKER J. Zeh Ahrens

(Address) 2216 Eager

20. FILED [illegible] 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3 1933 to April 8 1933

I last saw him alive on April 8 1933 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	April
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Goodman M. D.

(Address) Mercy Hospital

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89325

89325

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Church Home - Infirmary

CITY OF BALTIMORE: (No. ..... St. 11-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Conway

(a) Residence: No. 802 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) 4-1-'41

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93 92	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Conway

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Wheelock

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Sarah Macgill

(Address) 606 W. University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 10th 1933

19. UNDERTAKER Wm Cook

(Address) 127 St Paul st

20. FILED 10 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1933 to 4-9 1933

I last saw her alive on 4-9 1933 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis generalized	7
chronic nephritis & hypostatic congestion and	1
senility	
Other contributory causes of importance:	
Bronchopneumonia	8

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Webber Young M. D.

(Address) Church Home Infirmary Baltimore Md.

89328 E 89326

27123 8 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-01 St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ford

(a) Residence: No. 1533 Montpelier ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): Apr 6 1889 unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Justin Sweitzer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Helene Raisor

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Date: Apr 12 1933

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul st

FILED R 10 1933 Livingston Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933 to Apr 9, 1933

I last saw her alive on Apr 9, 1933 Death is said to have occurred on the date stated above, at 7a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dean A. Clark, M. D.

(Address) Johns Hopkins Hospital

rec.—12-9-25—A Co.—200 Blks.

E 89327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89327

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 40 E. Heath St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Miller

(a) RESIDENCE NO. 40 E. Heath St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Miller

DATE OF BIRTH (month, day, and year): Oct 18-1864

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	68	5	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stationary Eng.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Phila Pa.

10 NAME OF FATHER Joseph Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant: Peter A. Miller (Son)

(Address) 203 Eastern Ave.

Filed ..... 19 ..... Registrar .....

0 1933 Huntington Pl. Station, N.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1933 April 8

17

I HEREBY CERTIFY, That I attended deceased from June 1 1933 to April 8 1933,

that I last saw h alive on April 7 1933,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed Wm. R. Campbell M. D.

April 9, 1933 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial: April 11- 1933

20 UNDERTAKER: Margaret E. Flynn ADDRESS 1417 Light St.

M. D. B. 1268-9

89328 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89328

CERTIFICATE OF DEATH

V 108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Woodbourne Ave St., 27 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Miss Mary B Judge

(a) Residence: No. 730 Woodbourne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER FATHER

13. NAME Arthur J Judge

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Gertrude E Phelps

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Arthur J Judge
(Address) 730 Woodbourne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Date Ft Marys Cem Forest 4/10/33

19. UNDERTAKER Geo A Fenby
(Address) Fenby & Farquhar

20. FILED (Huntington Ave) 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1926, to April 7, 1933

I last saw her alive on April 7, 1933. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular Nephritis	1926
Other contributory causes of importance: Rt. Lower Lobar Pneumonia (Terminal)	4/6/33

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) H. R. Peters M. D.

(Address) 1908 W. Huntington St.

M. D. B. 1268-9

E 89329

39829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-01 St., Ward)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tony Galantine

(a) Residence: No. 707 Stiles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single (infant)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Angelo Galantine

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Leonardo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/10/33 19

19. UNDERTAKER Chas. B. Kaufmann
(Address) 632 S. Paca St

20. FILED 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 7 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933 to April 7 1933
I last saw him alive on April 7 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/5/33
Other contributory causes of importance:	
Congenital Ichthyosis	Life

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Asa E. Kuttner M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

89330

HEALTH DEPARTMENT—CITY OF BALTIMORE 89330

CERTIFICATE OF DEATH

V 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Bishops Road Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathilde Blaine Rogge

(a) Residence: No. Ambassador Apts St., Canterbury Rd 39 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chauncey Rogge

6. DATE OF BIRTH (month, day, year) June 22 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87 87	8 9	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER FATHER

13. NAME Eduard Gelpcke

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

15. MAIDEN NAME Bertha Buchting

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

17. INFORMANT Caroline B. Helgenberg

(Address) 12 Bishops Road

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 10 1933

19. UNDERTAKER Henry W. Jenkins Sons

(Address) Huntington Indiana

20. FILED APR 10 1933 Registrar.

R 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1933 to April 7th 1933

I last saw h~~e~~r alive on April 7th 1933. Death is said to have occurred on the date stated above, at 12 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/7/33
causing Left Sided	
Hemiplegia Coma	
& death in 5 hours	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Lewis Buck M. D.

(Address) 5 Druid Rock Dakota Road

M. D. B. 1268-9

Irene Johnson

331 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89331

CERTIFICATE OF DEATH

54-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 4-0' Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Johnson

(a) Residence: No. 2643 Boone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Florence Randall

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT William Johnson

(Address) 2643 Boone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date April 10, 1933

19. UNDERTAKER Percival A. Gladden

(Address) 2101 McCulloh St.

20. FILED April 10 1933 Registrar

R 10133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933 to April 7, 1933

I last saw her alive on April 7, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myomata uteri	?
Intestinal obstruction - (mechanical - post operative adhesions)	4-3-33
Other contributory causes of importance:	
Toxaemia	

Name of operation Hysterectomy Date of 3-31-33

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Wagensteller M. D.

(Address) St. Josephs Hospital

Spec—12-23-21—E.B.R.S.—400 Bks.

Louisa Stewart

E 89332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89332

CERTIFICATE OF DEATH.

V 108

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1008 S. Bnd. 82 St., 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Stewart

(a) Residence No. 1008 S. Bond St., Ward.....

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Sing le

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): 3/6/1909

7-AGE: 24 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Joseph Stewart

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Robinson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

11- (Informant) Joseph Stewart

(Address) 1008 S Bond St

15- 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 6/33

17- I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to April 6, 1933

that I last saw h.. alive on April 6, 1933

and that death occurred, on the date stated above, at 12 a, m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Ca of Uterus

(Duration) yrs. mos. 1y ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) M. D.

March 3, 19 (Address) 1125 Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cl

DATE OF BURIAL, 4/10, 1933

20-UNDERTAKER: Isaac L Jones Son

ADDRESS 1811 Montgomery St

M. D. B. 1268-9

89333 HEALTH DEPARTMENT—CITY OF BALTIMORE 89333

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Balto Md St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Heimiller

(a) Residence: No. No home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Heimiller

6. DATE OF BIRTH (month, day, year) July 20 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Fred Lorman

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Priester John

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT (Address) Record Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Apr. 10, 1933

19. UNDERTAKER (Address) Wm. J. Pickuer Sons North & Penna Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11-1933 to 4-8-1933

last saw h[illegible] alive on 4-8-1933 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum right	3-31-33

Other contributory causes of importance: Arteriosclerosis general ?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-8-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospital

10 1933 [illegible]

M. D. B. 1268-9

E 89334

89334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 46-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3248 Normount Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Dorothy K Stadtmuller

(a) Residence: No. 3248 Normount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles Stadtmuller

6. DATE OF BIRTH (month, day, year): Sept 15, 1880

7. AGE: Years 52 | Months 6 | Days 23 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: ? White

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mary Frost Platt

(Address) 3253 Kilbourn Way

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Apl 10 33

19. UNDERTAKER: Wm. H. Pickerell & Sons

(Address) North & Fa Aves.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932, to Apr 7 1933

I last saw her alive on Apr 7 1933. Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Asthenia

Name of operation: Autopsy Date of: ?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Leonard M. C. Parker M. D.

(Address) 114 Hamilton Ave

Registered

M. D. B. 1268-9

E 89335

89335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline V. Brown

(a) Residence: No. 102 - 14th St St., Ward. Wheeling W. Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 6-28-80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 48	9	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grad Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Margaret Swindler

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Arlington Natl Cem Date April 1, 1933

19. UNDERTAKER J. M. Tuckey & Bro

(Address) Fort & Gilmor

FILED 19 Registrar

RTD 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, to Apr 8, 1933

I last saw h. alive on Apr 8, 1933 Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of urinary bladder (Infiltrating)	1929
Vesico-Vaginal-rectal fistula	Jan 1933

Other contributory causes of importance:

Secondary anemia
Wasting
Pyelonephritis chronic

Name of operation none Date of

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward F. Keuri M.D.

(Address) Mercy Hebrew Hospital

. D. B. 1268-9

9336

HEALTH DEPARTMENT—CITY OF BALTIMORE 89336

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH Enroute to
CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Huggins

(a) Residence: No. 501 Sapp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Sapp

DATE OF BIRTH (month, day, year) Dec 25/1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	32	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.W.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Huggins

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Alice Upshur

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geneva Williams (Sister-in-law)
(Address) 816 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date April 10, 1933

19. UNDERTAKER Edward Bryan
(Address) 4[illegible] Pleasant St.

20. FILED 1933, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:
Probably Alcoholism (Acute) — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Green, M. D. Coroner
(Address) 508 E Fayette

H. D. B. 1268-9

E 89337

89337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 27-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Coleman

(a) Residence: No. 3315 Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hallie Coleman

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoseler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Lexington Ky.

13. NAME John Coleman

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Agnes Whittington

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Nephew Clay

(Address) Red Bank, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Apr. 11. 19...

19. UNDERTAKER V. G. Brooks

(Address) 1463 N. Carey St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19... that I saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
Flu Toxin	
Error of diet	
Bad gas in heart	
system and Pneumonia	
before going to bed	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

M. D. B. 1268-9

89338 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89338

CERTIFICATE OF DEATH

82-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 E. Balto. St. St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Mrs. Meyer Coleman

(a) Residence: No. 1506 E. Balto. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Coleman

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sadie Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Edell Coleman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Charlotte —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Julius Coleman (Son)
(Address) 1506 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 4-10- 1933

19. UNDERTAKER Jack Levine Inc.
(Address) 1729 E. Balto. St

20. FILED 4-10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1933, to apr. 10, 1933

I last saw h— alive on apr. 9, 1933 Death is said to have occurred on the date stated above, at 12 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ag Mitrate Pneumonia	2 days
Cerebral Thrombosis	9 "
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) A. Rhein M. D.

(Address) 24 E. Mt. Royal

D. B. 1268-9

E 89339 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89339

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Hayward Ave St., 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Angell

(a) Residence: No. 3320 Hayward ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cale L. W. Angell

DATE OF BIRTH (month, day, year) 4/11-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loudon Co Va

13. NAME G. B. Bruce Webb

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME S. A. Bruce

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs P. Morris

(Address) 3323 Hayward ave

18. BURIAL, CREMATION, OR REMOVAL

Place Orland Park Date 4/10 19 33

19. UNDERTAKER H. C. Brauning Son

(Address) 1130 Baltimore Boul

DATE 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7. 1933

22. I HEREBY CERTIFY, That attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Morgan Coroner, M. D.

(Address) 1672 Roland

Collinan

89340 — 200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 89340

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE. (No.) Little Sisters of Poor St. 10-01 (Ward)

2-FULL NAME Edward Callinan

(a) RESIDENCE NO. 1200 Fally St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Welsh

DATE OF BIRTH (month, day, and year): July 7-1857

AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
75	76	9	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O.D.

(c) Name of employer

BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Martin Callinan

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

Informant: Sister Stanislaus, Supr.

(Address) Little Sisters of the Poor Valley

Filed ... 19 ... Registrar

01933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9-1933

17 I HEREBY CERTIFY, That I attended deceased from Apr 6 1933, to Apr 9 1933, that I last saw h... alive on Apr 9 1933, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) L. Phillips, M. D.

4/10, 1933 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: 4/11 1933

20 UNDERTAKER: Robt Windfield Sr — ADDRESS: Pine

D. B. 1268-9

39341 HEALTH DEPARTMENT—CITY OF BALTIMORE B 39341

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 532 W Preston St 7-01 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Stanley

(a) Residence: No. 532 W. Preston Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm Stanley
7. DATE OF BIRTH (month, day, year): 1887
AGE: Years 46 Months 25 Days ... If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0/0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation
12. BIRTHPLACE (city or town) (State or country): Md
13. NAME: Wm Lemmon
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Annie Lemmon
16. BIRTHPLACE (city or town) (State or country): Baltimore Md
17. INFORMANT: Wm Stanley
(Address): 532 W Preston
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date: 4/11 1933
19. UNDERTAKER: Bernard O'Rourke
(Address): 818 Pennsylvania Ave Huntington West Va
20. FILED: APR 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2 1933
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Autopsy Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H Leech, M. D. Coroner
(Address) Coroner

M. D. B. 1265-A

89342

HEALTH DEPARTMENT—CITY OF BALTIMORE

95 E 89342

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Balto Md. St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Saunders

(a) Residence: No. ~~1304~~ 1304 S Matthews St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert a —

6. DATE OF BIRTH (month, day, year) 6-14-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 45	-4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0-40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Chas. —

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Martha Matthews

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 4/10 19 33

Place Mt Johnson Cem

19. UNDERTAKER Bernard Reynolds

(Address) 818 Dolphin St

20. FILED APR 10 1933 19 ~~Signature of Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-33

22. I HEREBY CERTIFY, That I attended deceased from 2-27-33 to 4-6-33

I last saw h.. alive on 4-6-33 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	?
hypertension	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

4-7-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

E 89343 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89343

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Johnson Jr.

(a) Residence: No. 911 Whatcoat St. St., Ward. Reisterstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O & D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME John W. Johnson Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Josephine Tucker

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Josephine Johnson

(Address) Reisterstown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Lukes Cem Date April 11, 1933

19. UNDERTAKER J. E. Elgin - Sole

(Address) Reisterstown Md.

Huntington Williams, Reg't

Registrar

APR 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h.. alive on ..... 19 .. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/8/1933

Where did injury occur? Penna Ave + McMechen
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell against side of a truck

Nature of injury while trying to get on it

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tokarz M. D.
Coroner

(Address) 2202 E Madison St

Z. D. B. 1268-9

89344

HEALTH DEPARTMENT—CITY OF BALTIMORE 89344

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dumand St., 15-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Brooks

(a) Residence: No. 1839 Freeman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

6. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Etta Brooks

DATE OF BIRTH (month, day, year) 9-2-1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	39	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) ~~Maryland~~

15. MAIDEN NAME ~~Maryland~~

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Anne Brooks

(Address) 405 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4/8 1933

19. UNDERTAKER Chas G. Cooper

(Address) 514 N. Carlton St.

Filed ... 19... Registrar.

PR 1 C 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1933 to 4-6 1933

I last saw he alive on 4-6 1933. Death is said to have occurred on the date stated above, at 5.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. T. Harris M. D.

(Address) Provident Hospital

Spec.—6-9-19—H. P. Co.—1000 Bks.

89345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89345

CERTIFICATE OF DEATH.

✓ 82-001

REGISTERED NO. 13-01

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO 2235 Madison ave ST.; 13-01 WARD)

2-FULL NAME Emilia Hawkins

(a) RESIDENCE. NO. 2235 Madison ave ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Hawkins

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85? +			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook. 021

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jno Taylor.

9 BIRTHPLACE (city or town) (State or country) West River Md

PARENTS

10 NAME OF FATHER Richard Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River

12 MAIDEN NAME OF MOTHER Polly —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West River

14 Informant Carrie Byrd
(Address) 2235 Madison ave

APR 10 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1933

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1933, to April 7, 1933, that I last saw h or alive on April 6, 1933, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (RX)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senility - Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Thos. A. Wright, M. D.

4/7, 1933 (Address) 120 S Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4/10 1933

20 UNDERTAKER Samuel Hensley

ADDRESS 378 W Biddle

M. D. R. 1926-A

89346

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E 89346

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 8-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Logan

(a) Residence: No. 1641 Ellsworth St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

5a. If married, widowed or divorced HUSBAND of ~~[illegible]~~ Minnie Logan

6. DATE OF BIRTH (month, day, year) Jan 1 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jamestown Va Date Apr. 14, 1933

19. UNDERTAKER Mrs. R. G. Elliott

(Address) 1129 N. Carolina St.

APR 10 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1933 to 4-9, 1933

I last saw him alive on 4-9, 1933 Death is said to have occurred on the date stated above, at 7:8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Thyroid	

Other contributory causes of importance:

Bronchopneumonia 4/4/33

Name of operation Appendectomy Date of 6/18/32

What test confirmed diagnosis? C. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas Brown Stanton M. D.

(Address) Balto City Hosp

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89347

89347

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Dennison St., 15-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Henry Downs

(a) Residence: No. 2101 Dennison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Louise Downs

7. DATE OF BIRTH (month, day, year) March 4-1848

8. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10. Date deceased last worked at this occupation (month and year) January 1928
11. Total time (years) spent in this occupation 60
12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME of Father unknown
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME of Mother unknown
16. BIRTHPLACE (city or town) (State or country) unknown
17. INFORMANT Daughter Edith L. Hyde
(Address) 2101 Dennison St
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date APR 11 1933
19. UNDERTAKER Geo. R. Little
(Address) 2700 Edmondson Ave
Easton Williams Registrar
20. FILED APR 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to April 9, 1933
I last saw him alive on April 9, 1933 death is said to have occurred on the date stated above, at 12:19 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1923
Myocardial	1928
& Degeneration	1928
Cardio-Renal	
Nephritis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Sullivan M. D.
(Address) 2109 Garrison Blvd

M. D. B. 1268-9

E 89348

HEALTH DEPARTMENT—CITY OF BALTIMORE

89348 E 89348

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Aparts St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Haase

(a) Residence: No. Homewood Aparts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Absalom A. Haase

6. DATE OF BIRTH (month, day, year) Oct 26, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John Mosser

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Lukenbeal

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Elaine I. Stapleton

(Address) Homewood Aparts

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsville Ind Date Apr 12 1933

19. UNDERTAKER John C. Mitchell Sons

(Address) 600 Eutaw Place

20. [illegible] 1933 Huntington Indiana Registrar

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 9, 1933

I last saw h alive on April 9, 1933 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/1/33
causing Hemiplegia &	
coma & death	
due to Arterio-Sclerosis	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferis Buck M. D.

(Address) 5 Club Road

1-30—M. & T.—100 B—50L

89349

E 89349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD) 24-21

2-FULL NAME Infant of Emma Coates.(C)

(a) RESIDENCE NO Freetown, A.A.Co.Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 22, 1933.

7 AGE	Years	Months	Days	If LESS than 1 day 14 hrs. or ..... min.
	---	---		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Pierman.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emma Coates.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Otto Coates.(C)grandfather.
(Address) Freetown, A.A.Co.Md.

15 Filed APR 10 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency.
Congenital.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes. Hospital

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto Hinnant, Coroner, M. D.

3/24/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery

DATE OF BURIAL 4/10 19 33

20 UNDERTAKER

ADDRESS

1-30—M. & T.—100 B—50L

E 89350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89350

year # 18

183

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water

CITY OF BALTIMORE: (No. abreast of Covington St. 24-01 WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE No. Do not know. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Do not know. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ..... 192 ..... Registrar

1-10-1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Found Floating March 25, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probably accidental.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hottenstein, M. D. Coroner

4/6/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Public Cemetery

DATE OF BURIAL: April 10 1933

20 UNDERTAKER

ADDRESS

D. B. 1268-9

89351

HEALTH DEPARTMENT—CITY OF BALTIMORE

89351

CERTIFICATE OF DEATH

V 157-003

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 E Eager St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Shelton

(a) Residence: No. 1822 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 9/33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles Shelton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie Logan

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Logan Shelton
(Address) 1822 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date April 10, 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9, 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

Probably Congenital Heart, — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 506 E Fayette Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89352

89352

CERTIFICATE OF DEATH

106

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South BALTO. GEN HOSP St. 25-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores DOROPIEWICH

(a) Residence: No. 4116 CURTIS AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) APRIL 19, 1931

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. ~~MD~~ MARYLAND.

13. NAME PETE DOROPIEWICH

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Julia Dorofkowska

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Julia Doropiewich
(Address) 4116 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date 4/10/ 1933

19. UNDERTAKER E. J. Higgins & Son
(Address) 1938 E. Lafayette Ave.

20. FILED (Date) 1933 Registrar.

APR 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from APRIL 1, 1933, to APRIL 6, 1933

I last saw her alive on APRIL 6, 1933 death is said to have occurred on the date stated above, at 9.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	MARCH 29

Other contributory causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Leonard Katz, M. D.

(Address) South Balto. Gen Hospital

M. D. B. 1268-9

E 89353 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89353

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals Registered No. 62

CITY OF BALTIMORE: (No. Balto. Md St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Death

(a) Residence: No. 3300 Oswego Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie — 1867

6. DATE OF BIRTH (month, day, year) 6/13/—

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

FATHER

13. NAME Littleton Death

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record, Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Md Date April 10, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED APR 10 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1933 to 4-5, 1933

I last saw him alive on 4-5, 1933 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	?

Other contributory causes of importance: arteriosclerosis ?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

4-6-33 (Signed) Geo. Hisbuer M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

89354 E 89354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 4-1-8

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death orrurred in a hospital or institution, give its NAME instead of strret and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Garfield Spriggs

(a) Residence: No. 744 Rhein st. St., ... Ward.
(Urual place of abode) Rear (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1904 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyrr, bookkeeper, etr. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this ocrupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (rity or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Spriggs

14. BIRTHPLACE (rity or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (rity or town)
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment 4/10/33

Place University Hosp. Date April 10, 1933

19. UNDERTAKER Brantley Bros.
(Address)

APR 10 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 33, to April 5, 1933

I last saw him alive on April 5, 19.33 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related rauses of importanre were as follows:

	Date of onset
Pulmonary tuberculosis	March 1, '33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test ronfirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external rauses (violence) fill in also the following:
Accident, suicide, or homiride? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify rity or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public plare .....

Mannrr of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, sperify .....

(Signed) Bennett A. Stocci M. D.

(Address) Baltimore City Hospitals

89355

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 89355
REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4111 Eierman Av. ST. 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Voss

(Residence in Baltimore: No. 4111 Eierman St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: May (Month) 28 (Day), 1927 (Year)

7-AGE: 5 yrs. 10 mos. 11 ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): 6

9-BIRTHPLACE (State or country): Balto Ind

PARENTS

10-NAME OF FATHER: Edward L. Voss

11-BIRTHPLACE OF FATHER (State or country): Balto Ind

12-MAIDEN NAME OF MOTHER: Ethel Gardiner

13-BIRTHPLACE OF MOTHER (State or country): Prince Frederick Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward L. Voss

(Address) 4111 Eierman

15- OCT 10 1933 191.. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4/8 (Month) 3 (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/7, 1933, to 4/8 1933, that I saw h[illegible] alive on 4/9 1933, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs 4 weeks mos ..... ds.

Contributory (SECONDARY) Enrollism Heart

..... (Duration) ..... yrs ..... mos. 1 hour ds.

(Signed) Harry F. Rossiday M. D.

..... 191.. [Address] 1 Wyndhurst Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Oct 12 1933

20-UNDERTAKER: Leonard Koch

ADDRESS: 5305 Harford Rd.

M. D. B. 1268-9

E 89356

89356 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... Baltimore City Hosp St. 27-81 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amy Haubert

(a) Residence: No. 2901 Pinewood Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Haubert (Divorced)

6. DATE OF BIRTH (month, day, year) July 6 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co, Pa

FATHER

13. NAME Jacob H. Grams

14. BIRTHPLACE (city or town) (State or country) York Co Pa

MOTHER

15. MAIDEN NAME Mary A. Geist

16. BIRTHPLACE (city or town) (State or country) York Co Pa

17. INFORMANT Records
(Address) Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Name Mt Olivet Cem Baltimore Md Date 11-10 1933

19. UNDERTAKER Leonard J. Bruck
(Address) 5305 Harford Rd

20. FILED NOV 10 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to April 8, 1933

I last saw h.. alive on April 6, 1933 Death is said to have occurred on the date stated above, at 6:38 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, Arteriosclerotic	?
Cardiac Failure	1931

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. Pingell M. D.

(Address) Baltimore City Hosp

AACo. 5-31 2500

E 89357 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89357

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Webster St., 24-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Seibel

(a) Residence: No. 1317 Webster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Seibel

7. DATE OF BIRTH (month, day, year) Dec 5, 187+

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles F Seibel

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Madaline (Unknown)

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs M Thompson
(Address) 1317 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/11 1933

19. UNDERTAKER Fred A. Tranor & Son
(Address) 23 Hanover St.

20. FILED APR 10 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to April 8, 1933

I last saw him alive on April 7, 1933 death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Other contributory causes of importance:	
Influenza	13 days

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. J. Nichols M. D.
(Address) 1709 Williams St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89358

CERTIFICATE OF DEATH

E 89358

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Key Highway & Cross St. ST. 24-01 WARD)

2-FULL NAME Herbert G. Carey. (C)

(a) RESIDENCE NO. Patapsco Park. A.A.Co.Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs.---mos.---1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Edna Carey(C)

6 DATE OF BIRTH (month, day, and year) March 14 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	0	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Miles Carey.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Agnes Whiting.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Edna Carrey.(C) wife.

(Address) Patapsco Park A.A.Co.Md.

15 [illegible] 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry, autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thrombosis of left Coronary Orteries.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Matt Fernandez, M. D. Coroner

4/10/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Pt. Va

DATE OF BURIAL: April 10 1933

20 UNDERTAKER: Thomas C. Nelson

ADDRESS: 1309 Pressman St

M. D. B. 1268-9

89359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89359

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 14-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jameson

(a) Residence: No. 1543 Pennsylvania Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place: University of Md Date: April 10 19 33

19. UNDERTAKER: [illegible]
(Address)

APR 10 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 9, 1933

I last saw h[illegible] alive on April 9, 1933 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Edema	

Name of operation: ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennedy M. D.

(Address) St. Joseph's Hosp

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89360

CERTIFICATE OF DEATH

97 E 89360

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 E. 29th. St. St., 9-C Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Reese

(a) Residence: No. 625 E. 29th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Reese

7. DATE OF BIRTH (month, day, year) April 30- 185[illegible]

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	II	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminister
(State or country) Md.

13. NAME John Stansbery

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Westminister
(State or country)

17. INFORMANT Mrs Ada Birmingham
(Address) 625 E. 29th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4-11-33 19

19. UNDERTAKER Marshall E. Humphreys
(Address) 1501 N. Broadway

Filed [illegible] Registrar

0 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-33., 19

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 32 19 to April 9th 1933

I last saw her alive on April 1-33 19 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Sclerosis	about 2 yrs
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) 5600 York Rd

A&Co. 5-31 250B

89361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-001 E 89361

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Taylor ave. St., 27-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Beckert

(a) Residence: No. 3800 Taylor ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of F. Julius Beckert

7. DATE OF BIRTH (month, day, year) Oct 7 1851

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME Caspar Krach

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Barbara Klagmand

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs Roberts
(Address) 3800 Taylor ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cath Date April 11 19 33

19. UNDERTAKER Frederick Lassahn Sons
(Address) 740 Cedar Ave

Filed 19 Registrar.

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933 to April 8, 1933

I last saw her alive on April 7 1933 death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	March 25

Other contributory causes of importance:

Arteriosclerosis	many years

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard B. Grant M.D.

(Address) 5543 Harford Rd. City

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89362 E 89362

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Fulton Ave. 15-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Booth Mackinson

(a) Residence: No. 1709 N. Fulton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm A. MacKinson

6. DATE OF BIRTH (month, day, year): May 23, 1840

7. AGE: Years 92 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phila. Pa.

FATHER

13. NAME: Wm C. Booth.
14. BIRTHPLACE (city or town) (State or country): Manchester Eng.

MOTHER

15. MAIDEN NAME: Elizabeth Byron
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Elizabeth M. Myers 1709 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL: Cherry Hill Date April 11 1933

19. UNDERTAKER (Address): Wm H. Keech Sons Hyattsville Md.

01933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17th 1933 to April 8th 1933

I last saw he alive on April 8th 1933. Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3/15
	3/30
Other contributory causes of importance:	
Arteriosclerosis	6 yrs

Name of operation None Date of ...

What test confirmed diagnosis Cancer? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm Sullivan M. D.

(Address) 1701 N Fulton Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89363

CERTIFICATE OF DEATH

89363

Registered No. .....

1. PLACE OF DEATH Maryland Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME W Harvey Davis

(a) Residence: No. Upperco Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of WIFE of Ann E Griffith

7. DATE OF BIRTH (month, day, year) Apr 21 - 1858

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Harry Davis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Drusilla Slade

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs W Harvey Davis Upperco Md

18. BURIAL, CREMATION, OR REMOVAL Place Oak Grove - Howard Co Date Apr 12, 1933

19. UNDERTAKER (Address) Edw C Tipton Westminster Md

Filed ..... 19 ..... Registrar.

D 1533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-8-33, 19..., to 4-10-33, 19...

I last saw h.e alive on Apr 10, 1933 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Cholecystitis & Cholelithiasis	

Other contributory causes of importance: Broncho-pneumonia

Name of operation Cholecystotomy Date of 4-7-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. L. Carter M. D.

(Address) Md. Gen. Hospital

Z. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9364

CERTIFICATE OF DEATH

E 89364

Registered No. 210-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Napieralska

(a) Residence: No. 21 W. Elm Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 8, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Johan Imsten

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Agnes Lunco

(Address) 21 W. Elm Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Grove Cem. Date Dec 11, 1933

19. UNDERTAKER Leo F. Kaltenbach

(Address) 2 [illegible]

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 , to , 19

I last saw h alive on ongoing, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Internal Injuries

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/7, 1933

Where did injury occur? Belair Rd & Elm Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across Belair Rd

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph O'Brien, M. D. Coroner

(Address) 2260 E. Madison St.

M. D. B. 1268-9

89365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89365

82-001 Registered No.

1. PLACE OF DEATH: Saint Agnes' Hospital

CITY OF BALTIMORE: (No.) St., 8-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Mrs. Margaret Froehlich (Froehlich)

(a) Residence: No. 1715 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Froehlich.

6. DATE OF BIRTH (month, day, year) 5/18/1851

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	81	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Germany

FATHER

13. NAME Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Schramm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W. F. Froehlich

(Address) 1715 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/12/33

19. UNDERTAKER Geo. J. Roth Son

(Address) 1734 Edmondson Ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1933, to April 9, 1933

I last saw her alive on April 9, 1933. Death is said to have occurred on the date stated above, at 9 32 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Hypostatic pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Warthen, M. D.

(Address) 21 E. Lexington St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89366

CERTIFICATE OF DEATH

E 89366

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert T Wehrheim

(a) Residence: No. 2112 W. Lexington Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — — — —
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 15, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	I	25 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Wehrheim

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Augusta Scheib

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Charles Streett
(Address) 2112 W Lexington Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date April 12, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19.. to [illegible], 19.. I last saw h alive on [illegible], 19.. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
6 Days	

Other contributory causes of importance:

Name of operation Autopsy Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury [illegible], 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address)

M. D. B. 1268-9

89367 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131 E 89367

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St., 16-01 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Lauckt

(a) Residence: No. 3044 Edmondson Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Pearl Lauckt

6. DATE OF BIRTH (month, day, year) Oct. 2, 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore,
(State or country)

FATHER

13. NAME Christian Lauckt

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Pearl L. Lauckt
(Address) 3044 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/13/ 19

19. UNDERTAKER Jno. F. Luttke
(Address) [illegible]

FILED 4 1933 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to April 10, 1933.

I last saw him alive on April 10, 1933. Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Other contributory causes of importance: Chronic Glomerulo-Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kornack M. D.

(Address) St Joseph's Hosp

M. D. B. 1268-9

89368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 B 89368

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 E Lafayette ave St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Wesley Turner

(a) Residence: No. 2005 E Lafayette ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie B. Turner

6. DATE OF BIRTH (month, day, year) Oct. 3rd, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John W. Turner

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Johanna Atwater

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Annie B. Turner
(Address) 2005 E. Lafayette ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 4/11/ 1933

19. UNDERTAKER E. D. Fanning & Son
(Address) 1938 E. Lafayette ave.

1078 [illegible] RPA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1933, to April 6th, 1933

I last saw h[illegible] alive on April 7th, 1933. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Max Goldberg M. D.

(Address) 524 N. Paulson [illegible]

M. D. B. 1268-9

89369 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 89369

CERTIFICATE OF DEATH

44-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Hershey

(a) Residence: No. 2104 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Hershey

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes Krouer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Richard Hershey
(Address) 2104 N. Pulaski st.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 12 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st.

20. FILED 19 by Registrar

APR 10 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933 to April 9, 1933

I last saw her alive on April 9, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicella	3/30/33
Other contributory causes of importance:	
Bronchopneumonia	4/3/33

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) X Peter Wesanski M. D.

(Address) Lyndenham Hospital

Huntington Wilson, Registrar

R. P. N.

M. D. B. 1268-9

89370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89370

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N. Central Ave 10-01 (Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances E. Oliver

(a) Residence: No. 1220 N. Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. H. Oliver

6. DATE OF BIRTH (month, day, year) April 8th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME C. Henry L. Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances L. Hodinott

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Zilla S. Lane
(Address) Timonium Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April 12th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St.

01933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/6 1933, to 4/9 1933

I last saw her alive on 4/9 1933. Death is said to have occurred on the date stated above, at 7th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Bronchial-Pneumonia	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury No.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) Virgil Tittman M. D.

(Address) 1304 E. Chase

M. D. B. 1268-9

89371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89371

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 E. Hoffman St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L. Hart

(a) Residence: No. 2501 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Sampson Hart

6. DATE OF BIRTH (month, day, year) May 6th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trappe Md
(State or country)

FATHER

13. NAME Fiddeman Rolle

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Ann Webb

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Bertha L. Walker

(Address) 2501 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1817 St Paul St

20. FILED Apr 10 1933 Huntington Pattison Registrar

R C N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25 1933, to Apr 10 1933

I last saw her alive on April 6 1933. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr 7

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

89372

HEALTH DEPARTMENT—CITY OF BALTIMORE B 89372

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Boone St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. H. Klemm Jr

(a) Residence: No. 2007 Boone St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (~~write the word~~)
Male	White	Divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of ~~(or WIFE of)~~ Annie Klemm

6. DATE OF BIRTH (month, day, year) July 19th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigars

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. H. Klemm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie M. Lucius

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis L. Klemm
(Address) 222 St Paul St

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place London Park Crematorium Date April 12th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. [illegible] Huntington Williams Regt

101933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to April 9th, 1933

I last saw h[illegible] alive on April 8th, 1933. Death is said to have occurred on the date stated above, at about 6 P m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Myocarditis following Pneumonia & Grip (Bronchial)	
Other contributory causes of importance:	
Age	

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify —

(Signed) W K Gamrecke M. D.

(Address) 11 W Preston St

Spec.—1-12-23—M&T—500 Bks.

E 89373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 89373

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 St. Norwood Ave WARD 1

2-FULL NAME Mrs Lala B. Thomas

(a) RESIDENCE NO. 5004 Norwood Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Mr William L. Thomas

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Rodney C Niles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Margaret Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Informant (Address): Sister 5004 Norwood Ave

15 Filed ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to April 8, 1933, that I last saw her alive on April 9, 1933, and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

Nephritis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? — Lab. Tests —

(Signed) A C Monninger, M. D.

4/10, 1933 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: April 1933

20 UNDERTAKER: Mary M Rudolph — ADDRESS: 501 E 22nd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89374

E 89374

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 1300 North Broadway St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Margaret Kerr Snead

(a) Residence: No. Church Home & Infirmary St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	7	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Onancock

FATHER

13. NAME Col. Edward Smith Snead

14. BIRTHPLACE (city or town) (State or country) Onancock, VA

MOTHER

15. MAIDEN NAME Susan Upshur Dennis

16. BIRTHPLACE (city or town) (State or country) Princess Anne Maryland

17. INFORMANT Susan U. Snead

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Onancock Va. Date April 33 19....

19. UNDERTAKER The Church Home Dept.

(Address) 1300 N. Broadway

Filed ..... 19..... [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1932 to April 9th, 1933.

I last saw her alive on April 9th, 1933. Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarchitis and	
Myocardial Degeneration	?
Myocardial Failure — — —	Apr. 5 1933
Chronic Cardiac Valvular Disease	?
Hypertension & Arteriosclerosis	?
Other contributory causes of importance: Senile Dementia	1928

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Hobbs Young M. D.

(Address) Church Home & Infirmary Baltimore.

M. D. B. 1268-9

89375 F 89375

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (TB.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Fairfax

(a) Residence: No. 2412 Stockton st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28 ?	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David Fairfax

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date April 11 1933

19. UNDERTAKER Thomas E. Kalen
(Address) 1303 Presstman st.

20. FILED APR 11 1933 Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1933

22. I HEREBY CERTIFY, That I attended deceased from February 3 1933 to April 7 1933

I last saw him alive on April 7 1933. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	2-1 1933
Tuberculosis of Joints.	10-1 1928
Pleurisy with Effusion.	10-17 1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 89376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89376

V + 163

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 16-27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Bookes

(a) Residence: No. 515 D St Sparrows Point Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Bookes

7. DATE OF BIRTH (month, day, year) Dec 22 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Hendley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lucy Capewell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr Joseph Bookes
(Address) 515 D st Sparrows Point Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 11, 1933

19. UNDERTAKER John F Denny
(Address) 710 Light St.

FILED APR 11 1933 Huntington Public Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... 19 .....

I last saw h alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic Acid Poisoning	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, (suicide) or homicide? Yes Date of injury April 7, 1933

Where did injury occur? Home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 515 D St.

Manner of injury Swallowed Carbolic Acid

Nature of injury Poisoning Carbolic Ac

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) B. F. Bergland M. D.
Coroner

(Address) 1300 E. Baltimore St. City

M. D. No. 89377

E 89377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Sunwalt Court St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph H. Hodgson

(a) Residence: No. 1205 Sunwalt Court. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7. 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgewood Arsenal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Thomas Hodgson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jeanne Devers

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Romola Gilbert (Sister)
(Address) Cleveland, O.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross adv. Date April 11 1933

19. UNDERTAKER John F Dinner
(Address) 415 Light St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 33 to April 7 1933

I last saw him alive on April 7 1933 Death is said to have occurred on the date stated above, at 4.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3.19.33
Phthisis Pulmonalis (acute miliary) ?	3.25.33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Exposure! If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

11 1933

M. D. B. 1268-9

E 89378 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89378

CERTIFICATE OF DEATH

✓ 93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Rutland Ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson A. Johnson

(a) Residence: No. 923 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widdwer

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anne Johnson

6. DATE OF BIRTH (month, day, year) March 1/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Shadrack Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Cordelia Foote

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT (Address) Mary Mosely (sister) 923 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ark Cemetery Date 4-11 19 33

19. UNDERTAKER Edward Bryan

(Address) 3211 Leam Ave

20. FILED APR 11 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Accident(Apoplexy)	

Other contributory causes of importance:

Chr Myocarditis*General Arterio-sclerosis etc.	???

Duration—

History Hopkins & City Hospital Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Pacini M. D.

(Address) 506 E Monument Coroner

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89379

89379

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Henneman Ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archer Wise

(a) Residence: No. 1920 Henneman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jane Wise

6. DATE OF BIRTH (month, day, year): [illegible] 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Jane Wise
(Address): 1920 Henneman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date April 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED APR 11 1933 19[illegible]

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

Rheumatic Arthritis	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner . M. D.

(Address) [illegible]

Spec.—1-30—M. & T.—250 Bks

E 89380

E 89380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 918 Lyon (ST.) 11-01 (WARD)

2-FULL NAME Susan H. West

(a) RESIDENCE NO. 918 Lyon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: William H. West

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Philip Fitzhugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Nathaniel Mackey

(Address): 918 Lyon St.

15 Filed Apr 11 1933 Lexington Mackey, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 8. 1933

17 I HEREBY CERTIFY, That I attended deceased from Mch 27, 1933, to Apr. 8, 1933,

that I last saw her alive on Apr. 8, 1933

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 12 da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Garland Thomas M. D.

Apr 10, 1933 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Apr 11 1933

20 UNDERTAKER: M. & G. Elliott

ADDRESS: 142 N Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89381

E 89381

CERTIFICATE OF DEATH.

√131

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 891 W Fayette ST., 18-01 WARD)

2-FULL NAME Annie Roche

(a) RESIDENCE NO. 891 W. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): March 10 1867 ~~1866~~

7 AGE — Years: 66 ~~59~~ — Months: — Days: 30 ~~29~~ — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk at Coffee Co.

(b) General nature of industry, business, or establishment in which employed (or employer): Lewis Cushman

(c) Name of employer: Balto Md

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Edw. Roche

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Bulger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs. Mary Tibbals 891 W Fayette St

15 4/11 1933

16 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Jany 14, 1933, to April 9, 1933.

that I last saw her alive on April 9, 1933,

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. 2 mos. 26 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. A. O'Neill M. D.

4/11, 1933 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 4/12 1933

20 UNDERTAKER: H C Browning Son

ADDRESS 1136 Poplar Grove

M. D. B. 1268-9

9382

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89382

V 131

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Mc Kean Ave St.) (15-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Blanche C. Hippler

(a) Residence: No. 2012 Mc Kean Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick W. Hippler

6. DATE OF BIRTH (month, day, year) Mar. 9. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	1	01	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Ernest

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick W. Hippler
(Address) 2012 Mc. Kean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Apr 12 1933

19. UNDERTAKER Mrs. John W. Tendler & Son
(Address) 801 W. Fayette St.

APR 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1932 to Apr 10th 1933

I last saw her alive on Apr 1st 1933 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease — Date of onset

Other contributory causes of importance:

Uraemia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-B

Kate Jacke

383

HEALTH DEPARTMENT—CITY OF BALTIMORE 89383

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2535 N. Longwood 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Jacke

(a) Residence: No. 2535 N. Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Christian Jacke

6. DATE OF BIRTH (month, day, year) Dec. 9-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Walters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas Jacke

(Address) 2535 N. Longwood

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apr. 11 1933

19. UNDERTAKER F. B. Herbert & Son

(Address) 1900 Eutaw Place

RECEIVED APR 11 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from March - 4 1933 to April - 6 1933, I last saw her alive on April - 6 1933. Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Hypertension)	2 yrs.
Secondary Anemia	
Hemorrhoids	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Lloyd Johnson M. D.

(Address) 4200 E. Fredericks

M. D. B. 1268-9

89384 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89384

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helene Miller

(a) Residence: No. German Aged Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ✓

6. DATE OF BIRTH (month, day, year) December 27, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cemetery Date April 12 19 33

19. UNDERTAKER Fred W. Cook
Address 4003 W. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1933 to April 9 1933

I last saw her alive on April 9 1933 Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis,	
Chronic Myocarditis —	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify ...

(Signed) A Hellen Hennessy M. D.

4/10/33 (Address) 2000 Hollins St.

M. D. B. 1268-9

89385 E 89385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary 9-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Virginia Oles

(a) Residence: No. 1121 Lakeside Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Burdette S. Oles

6. DATE OF BIRTH (month, day, year) Nov. 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~54~~	54	4	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME George Williams

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Ava Jane Smith

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Date Apr. 12, 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Henry J. Sander
(Address) Baltimore St. & Broadway

20. FILED APR 11 1933 Huntington Pittsenbarger, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1933 to April 9, 1933

I last saw ~~her~~ alive on April 7, 1933. Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative diverticulitis of colon	4-8-33
Pulmonary edema	4-8-33
Bronchopneumonia	4-8-33

Other contributory causes of importance:

chronic suppurative diverticulitis	1932
cerebral embolism	4-1-33

Name of operation Cholecystectomy Date of 4-4-33

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Richard C. Cunningham M. D.

(Address) The Church Home and Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89386

89386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3324 Mc Elderry St. 76-01 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma L. Haselhoff

(a) Residence: No. 3324 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Haselhoff

6. DATE OF BIRTH (month, day, year) Sept 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Nicholas Stamber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mat Runyon

16. BIRTHPLACE (city or town) (State or country) Md Runyon

17. INFORMANT Edward Haselhoff

(Address) 3324 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Apr. 12. 1933

19. UNDERTAKER Henry Sander & Sons. Inc. Per J. Sander.

(Address) Baltimore St. & Broadway

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1932 to April 8th 1933

I last saw h.e.r alive on April 8th 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	
Edema of Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Sander M. D.

(Address) 119 N. Milton Ave

M. D. B. 1268-9

89387

E 89387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Boston St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob H Calloway

(a) Residence: No. Galestown Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie A Calloway

6. DATE OF BIRTH (month, day, year) March 28 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain of Tug Boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Jesse Calloway

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lecompton

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Annie A Calloway

(Address) Galestown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Del. Date April 15th 1933

19. UNDERTAKER H. D. Gracey & Bro.

(Address) Galestown Md.

20. FILED April 17 1933 Huntingtown Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:10 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 3052 N Fulton Ave Balto Md

Spec.—1-10-21—M&T—1500 Bks.

89388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89388

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 Sycamore St. 25-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Good

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 8-1933

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

2 Hrs 18 Min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Good

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Hazel Schuppert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles Good
(Address) 1518 Sycamore

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1933

17 I HEREBY CERTIFY, That I attended deceased from April 8 1933 to April 10 1933 that I last saw him alive on April 10 1933 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(1½ months)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Leon D. Hoska M. D.

(Address) 15 S Caspian

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md DATE OF BURIAL Dec 11 1933

20 UNDERTAKER ..... ADDRESS .....

M. D. B. 1268-9

Lam

89389 HEALTH DEPARTMENT—CITY OF BALTIMORE E89389

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Bernard St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert J. Lam

(a) Residence: No. 2841 Bernard St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lorts R Lam

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Hausmann

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary Lam
(Address) 2841 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date 4/11/33

19. UNDERTAKER Engel Funeral Home
(Address) Baltimore Md

20. FILED 4/11/1933 Assistant Registrar ... City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify) ...

(Signed) ... M. D.
Coroner

(Address) 697 Cathedral

M. D. Docket 89390

E 89390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine McCormick

(a) Residence: No. 950 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A McCormick

6. DATE OF BIRTH (month, day, year) Aug 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 75	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Denis Farraugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hunt & McCormick

(Address) 306 Sheffield Ave

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem. Date 4/12, 1933

19. UNDERTAKER Enoch G. Stokes

(Address) Fulton & Fayette

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to April 9, 1933

I last saw her alive on April 9, 1933 Death is said to have occurred on the date stated above, at 4 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic Cardio Vascular Disease	?
Cerebral Hemorrhage with Paralysis	March 27

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. D. Goodman M. D.

(Address) Mercy Hospital

1933 Hunterdon Co. Hall, N.J.

1-30—M. & T.—200 B—501.

E 89391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89391

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. ST., 9-01 WARD)

2-FULL NAME Mable D Peters.

(a) RESIDENCE NO 1556 Carswell St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of John H. Peters.

6 DATE OF BIRTH (month, day, and year) June 1, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Howard Busick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Elliott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John H. Peters. (husband.)
(Address) 1556 Carswell St.

15 Filed APR 11 1933 19... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1556 Carswell St. April 8, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Steinhardt, M. D. Coroner

4/10/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL April 12 1933

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager st

M. D. B. 1268-9

E 89392

89392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3234 Belair Road St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth C. Weyraugh

(a) Residence: No. 3234 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Weyraugh

6. DATE OF BIRTH (month, day, year) Jan. 23-1857.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Rehrein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Budde

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William C. Weyraugh

(Address) 3234 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 14, 1933

19. UNDERTAKER George W. Dirkes

(Address) 1737 E. Eager St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1933 to April 11, 1933

that I saw ... alive on March 30, 1933 Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. A. Elser M. D.

(Address) 4900 Belair Road

E 89393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89393

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E. 33d St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Armstrong

(a) Residence: No. 1827 E. 33d St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Armstrong

6. DATE OF BIRTH (month, day, year): Dec. 16 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 025

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Edward A. Armstrong

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Regina Hall

16. BIRTHPLACE (city or town) (State or country): Baltimore Co., Md.

17. INFORMANT: Elizabeth Armstrong
(Address): 1827 E. 33d. St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: April 12 1933

19. UNDERTAKER: George W. Zirkler
(Address): 1737 E. Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to April 10 9 1933

I last saw h[illegible] alive on April 10 9 1933. Death is said to have occurred on the date stated above, at 8.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/1/33
Other contributory causes of importance: Acute Nephritis	4/4/33
Cardiac Dilatation	4/10/33

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 89394

HEALTH DEPARTMENT—CITY OF BALTIMORE

89394

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Blumenthal

(a) Residence: No. Marlborough Apts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Bernard Blumenthal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeannetta Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida Rosenthal
(Address) Marlborough Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Ahel Shalom Cem. Date Apr. 12, 1933

19. UNDERTAKER Baird Londheim & Son
(Address) 1702 Eutaw Place

20. FILED APR 13 1933 Registrar.

R 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/9/33, 19..., to 4/10/33, 19...

I last saw h.i.m. alive on 4/10/33, 19... Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel E. Baron M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89395

CERTIFICATE OF DEATH

131 E 89395

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1[illegible]5 St Johns Rd 27 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. G. Dix

(a) Residence: No. 4[illegible]0 or Keswick Rd., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgar H Dix

6. DATE OF BIRTH (month, day, year) April 16 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	23 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dr N. D. Chisley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Reiman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs E. H. Dix

(Address) 4[illegible]0 or Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 12 1933

19. UNDERTAKER Edward O Mitchell

(Address) 1911 Eutaw Place

20. FILED 4-11-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3 1933 to April 9 1933

I last saw h[illegible] alive on April 9 1933 Death is said to have occurred on the date stated above, at 6-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Degeneration Arteria Sclerotica	Abt 1933 Abt 1924
Other contributory causes of importance: Bright's Disease	1921

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gilroy Porter M. D.

(Address) 4822 Roland Ave

M. D. B. 1268-9

89396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89396

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3100 Northway Drive. 12-01 23 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard E. McCurdy

(a) Residence: No. 3100 Northway Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna E. McCurdy

6. DATE OF BIRTH (month, day, year) Sept. 13, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Otis Elevator Co 26

10. Date deceased last worked at this occupation (month and year) 1/4 33

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James McCurdy

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Liza Heisler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edna E. McCurdy
(Address) 3100 Northway Dr.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Apr 12 1933

19. UNDERTAKER John F. Denny
(Address) 45 Light St.

20. [illegible] Baltimore Md.
Registrar.

11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1933 to April 9 1933

I last saw him alive on April 9 1933. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	1-4-33
pulmonary phthisis	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Dobihal M. D.

(Address) 747 N. Kenwood Ave.

M. D. B. 1268-9

89397

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89397

CERTIFICATE OF DEATH

117-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leo Cremen

(a) Residence: No. 610 Richmond Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) June 10 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Patrick Cremen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honorah

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 12, 33

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore

20. FILED Huntington Williams, Registrar. 4-11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1933 to 4/10 1933

I last saw him alive on 4/10 1933. Death is said to have occurred on the date stated above, at 8⁰⁵ P m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Ruptured Gastric Ulcer	18 hrs.
Other contributory causes of importance:	Odd
Pneumonia	4-5 days

Name of operation Repair of ulcer Date of 4/1/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Goodman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89398

E 89398

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 711 S. Curley St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wagner Sr.

(a) RESIDENCE NO. 711 S. Curley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~: Hannah Wagner

6 DATE OF BIRTH (month, day, and year): Jan 19-1876

7 AGE: Years 57 Months 2 Days 14

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Sanitar Dept
(c) Name of employer: Balto City

9 BIRTHPLACE (city or town): Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER: Christian Wagner

11 BIRTHPLACE OF FATHER (city or town): Germany
(State or country)

12 MAIDEN NAME OF MOTHER: Olgia Scherer

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Germany

14 Informant (Address): Louis Wagner Jr 711 S. Curley St

15 Filed ..... 19.. Registrar

1 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. F. Bergmann M. D.
(Coroner)

April 11, 1933 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Date of Burial: April 12, 33

20 UNDERTAKER: John A. Moran ADDRESS: 3000 E. Balt St.

very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89399 E 89399

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto 2nd St. 7-1-34 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Chase

(a) Residence: No. 614 Burgundy St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 25, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Warner Chase

14. BIRTHPLACE (city or town) W. Va
(State or country)

MOTHER

15. MAIDEN NAME Sarah Prater

16. BIRTHPLACE (city or town) W Va.
(State or country)

17. INFORMANT Records Bally City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/10 1933

19. UNDERTAKER John J. Flaherty Jr
(Address) 1318 Light St

20. Huntington Williams, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-12 1929 to 4-8 1933

I last saw h alive on 4-8 1933 Death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	3-29-33

Other contributory causes of importance:

Myelogenous leukemia confirmed	4 yrs. ago

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so specify

4-10-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89400 E 89400

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Balto. City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. Mo St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mulvihill

(a) Residence: No. 604 W. Redwood St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-16-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

FATHER

13. NAME Wm Mulvihill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Burns

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 4/11 1933

19. UNDERTAKER John F. Malone Son
(Address) 1315 Eutaw St

20. FILED 4/11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1933 to 4-8 1933

I last saw h[illegible] alive on 4-8 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	?
Other contributory causes of importance:	
Uremia	3-30-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
4-10-33 If so, specify —

(Signed) Elmer Hinkley Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

Spec.—9-30—A. & Co.—250 Bks.

89401 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89401

CERTIFICATE OF DEATH.

121

REGISTERED NO.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Miss Mary Morrissey

(a) RESIDENCE No. 2827 - W. North Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer) " "

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Morrissey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Joseph A. Morrissey 2824 W. North Ave

15 4 11 1933, 19 Huntington Avenue, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10/33

17

I HEREBY CERTIFY, That I attended deceased from 4/8, 1933, to 4/10, 1933

that I last saw h-er alive on 4/9, 1933

and that death occurred, on the date stated above, at 12 25 a. m.

The CAUSE OF DEATH* was as follows:

Gangrenous appendicitis - perforation
Peritonitis, generalized

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Malnutrition.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) Aloha H. Gustine M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL Apr 12th 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89402

CERTIFICATE OF DEATH

E 89402

REGISTERED NO. 82-001 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Patapsco Ave. Curtis Bay ST., WARD)

2-FULL NAME William B. Crowley.

(a) RESIDENCE NO 1100 Patapsco Ave. Curtis Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divircec.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Crowley.

6 DATE OF BIRTH (month, day, and year) July 6, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

PARENTS

10 NAME OF FATHER William Crowley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Annie Cunningham.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Agnes O'Callaghan. (sister)

(Address) 4105 Newton Ave.

15 Filed APR 11 1933, 192 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Walter M. Leonard, M. D. Coroner

4/11/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Apr 12* 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1268-9

89403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89403

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 7-01 Ward)

Length of residence in city or town where death occurred 2 1/2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Ashley

(a) Residence: No. 610 N. Linwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Dec 8/1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finance Service Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Wm. C. Ashley

14. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

MOTHER

15. MAIDEN NAME Norma Cox

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT William Ashley
(Address) 610 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Westminster Date April 11 1933

19. UNDERTAKER Jno Cook
(Address) 1617 St Paul St

APR 1933 Huntington Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	7/8/33
Diabetes Mellitus	?
Other contributory causes of importance:	
Bronchopneumonia	?

Name of operation none Date of ...

What test confirmed diagnosis? Lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Haines Coroner, M. D.

(Address) 508 E Mont Ave

1-30—M. & T.—100 B—50L

E 89404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89404

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 Hanover Xt. ST. 24-01 WARD

2-FULL NAME Winfield S. Johnson.

(a) RESIDENCE NO 1341 Richardson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Maria Johnson.

6 DATE OF BIRTH (month, day, and year) May 2, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) 640
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Gustavus Johnson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Gustavus Johnson. (son)
(Address) 1410 Hanover St.

15 Filed 4-11 1933 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
Hemiplegia.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hinnard X, M. D.
Coroner

4/11/33 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

UNDERTAKER Chas. L. Stevens

DATE OF BURIAL April 12 1933

ADDRESS 1701 Pratt St.

TION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 89405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89405

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 E 20th St 42-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J Byrnes

(a) Residence: No. 340 E 20th St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Cronin

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Bates Co

FATHER

13. NAME John Byrnes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Dillon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Byrnes

(Address) 340 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Texas Bates Co Date April 12 1933

19. UNDERTAKER Mary M Whitefield

(Address) 501 E 22nd St

20. FILED ... Registrar

APR 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1933, to April 9, 1933

I last saw him alive on April 9, 1933 Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance: Arterio sclerosis myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Ehrmentraut M. D.

(Address) 1337 St. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89406 ✓ 89406

CERTIFICATE OF DEATH.

131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2539 Oak St 12-01 WARD)

2-FULL NAME Robert Page

(a) RESIDENCE NO. 2539 Oak ST.. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 4 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Page

6 DATE OF BIRTH (month, day, and year) 1886 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nelson Co Va.

PARENTS
10 NAME OF FATHER Wilson Page
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Julia Henry
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mary Page 2539 Oak St

15 FILED 1 1 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9/33

17
I HEREBY CERTIFY. That I attended deceased from Apr 6, 1933, to Apr 9, 1933
that I last saw ~~him~~ alive on Apr 9, 1933
and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:
Apoplexy
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. William Frey M. D.
4/11, 1933 (Address) 1928 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — DATE OF BURIAL April 12 1933

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Preston St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89407

CERTIFICATE OF DEATH.

23 E 89407

REGISTERED NO. B2640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2412 Puget St. 25-C Ward)

2-FULL NAME George Albert Nicholas

(a) RESIDENCE NO. 2412 Puget St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	6	12	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER John M. Nicholas

11 BIRTHPLACE OF FATHER (city or town) Washington

(State or country) D. C.

12 MAIDEN NAME OF MOTHER Margaret Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Margaret Nicholas

(Address) 2412 Puget St

15 Filed Huntington Williams, Registrar

11 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1933

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1933, to April 9, 1933,

that I last saw him alive on April 9, 1933,

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic examination

(Signed) Wm H. Welto, M. D.

, 19 (Address) 515 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Laurel Cemetery — Date of Burial April 12 1933

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

very important. See instructions on back of certificates.

M. D. B. 1268-0

E 89408

E 89408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St., 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard B. Lada

(a) Residence: No. 610 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 10, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Lada

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lillie Kasper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lillie Lada
(Address) 610 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date April 12, 1933

19. UNDERTAKER John McWeeney
(Address) 401 S. Chester St

20. FILED APR 12 1933 Huntington [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to April 10, 1933
I last saw him alive on April 10, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis Meningococcic	4/4
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Lehman M. D.
(Address) Hyde Park Hospital

M. D. B. 1268-9

E 89409

HEALTH DEPARTMENT—CITY OF BALTIMORE

89409

CERTIFICATE OF DEATH

✓108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1252 Cliftview Ave 9-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Augustus Federline

(a) Residence: No. 1252 Cliftview Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Emma Federline

6. DATE OF BIRTH (month, day, year) Sept 12th 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
49	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Chas. E. Federline

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Bryant

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Emma Federline

(Address) 1252 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Hill - Laurel Md Date April 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/8 1933 to 4/11/33 19.....

I last saw him alive on 4/11 1933. Death is said to have occurred on the date stated above, at 1:20A m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pulmonary Abscess	3 days
Pneumonia Lobar	
Other contributory causes of importance:	
Lung Abscess	8 mos
Gastric Ulcer	8 mos

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack. B. Morgan M. D.

(Address) 6-E-Read St Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89410

E 89410

CERTIFICATE OF DEATH.

✓ 93-003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1448 Wiconisco St. 21-81 Ward)

2-FULL NAME Peter Leopold Stamberg

(a) RESIDENCE NO. 1448 Wiconisco St. — Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abby Neece Stamberg

6 DATE OF BIRTH (month, day, and year): Jan 23 1858

7 AGE: Years 75 | Months 2 | Days 18 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: John F. Thompson

(Address): 1448 Wiconisco St

15 Filed_____ 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 10, 19 33

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 19 33, to Apr 10, 19 33

that I last saw him alive on Apr. 10, 19 33

and that death occurred, on the date stated above, at 6.00 Pm.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) ____ yrs. 3 mos. ____ ds.

CONTRIBUTORY (Secondary): Arteriosclerosis and Hypertension

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Phys. Exam

(Signed) Harry Heath, M. D.

19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: April 13th 1933

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

APR 12 1933

M. D. B. 1268-9

E 89411

E 89411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 E. 32nd St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Sterling

(a) Residence: No. 2031 E 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND ~~or WIFE~~ of Emma M. Sterling

6. DATE OF BIRTH (month, day, year) Dec 21st 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R. R. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) White Marsh Md.

FATHER

13. NAME George B. Sterling

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Rebecca Kling

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT F. A. Knight

(Address) 2031 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apr 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 12 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1933 to [illegible] 1933

I last saw h[illegible] alive on [illegible] 1933 Death is said to have occurred on the date stated above, at 6.52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	2
[illegible]	1 yr
[illegible]	3 yrs

Other contributory causes of importance:

[illegible]	2 yrs
[illegible]	1 yr
[illegible]	3 yrs

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

[illegible] If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89412

93-003

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 Augusta Ave Ward Washington

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia S. Spies

(a) Residence: No. 149 Augusta Ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Henry W. Spies

6. DATE OF BIRTH (month, day, year) Apr 15th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George V. Kroner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Ottober

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alice M. Spies

(Address) 149 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 13th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED APR 12 1933 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1933 to April 11 1933

I last saw her alive on April 10 1933 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	Long
Myocarditis.	(?)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) S. Lloyd Johnson M. D.

(Address) 4200 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

89413 E 89413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2739 Rayner Ave St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia V. Stumpf

(a) Residence: No. 2739 Rayner Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John W. Stumpf

6. DATE OF BIRTH (month, day, year) Oct 4th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Amos Handley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Knox

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John W. Stumpf
(Address) 2739 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 12th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

20. FILED APR 12 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to April 10, 1933

I last saw h~~e~~r alive on April 10, 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	3/1/32
Other contributory causes of importance:	
Chronic Int. Nephritis.	3/1/32

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Jonas Horton M.D.

(Address) 1888 W. London St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89414

CERTIFICATE OF DEATH

157-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Henning

(a) Residence: No. Rear 1704 McKewin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 10, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or 43 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William E. Henning

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Esther Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Carnegie Embalming Institute, 19....

19. UNDERTAKER

(Address)

20. FILED ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to April 10, 1933

I last saw her alive on April 10, 1933 Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Abnormalities	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Allen Peckham M. D.

(Address) Womans Hospital

M. D. B. 1268-9

89415

HEALTH DEPARTMENT—CITY OF BALTIMORE

89415

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Streeper St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Heim

(a) Residence: No. 509 N. Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Heim

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adam Saldon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Trauty
(Address) 509 N. Steeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date April 12 19 33

19. UNDERTAKER Wm. E. Miller & Son
(Address) 2354 Gilmor St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1933 to 4/12, 1933

I last saw h... alive on 4/9, 1933 Death is said to have occurred on the date stated above, at 9 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Left	3/6
Myocardial	3/6
Paralysis	3/6

Other contributory causes of importance:

Chronic Myocarditis	10 yrs.
Senility	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Place M. D.

(Address) 509 N. Streeper St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 89416

E 89416 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland Ave & Lloyd St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Fannie Krastor

(a) Residence: No. 2219 Bryant ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Krastor

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Krastor (Address) 2219 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL Levi Hill Carmel Date 4/13/33 19

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

Huntington W. Virginia N.D. Registrar.

APR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-33 , 19

22. I HEREBY CERTIFY, That I attended deceased from March 15 , 1933 , to April 11 , 1933

I last saw her alive on April 11 , 1933 . Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver, metastatic	1931
Other contributory causes of importance:	
Cholemia & Jaundice	2 weeks
1. Exploratory Laparotomy	

Name of operation 2. Cholecystostomy Date of 3-27-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) David Bamford Clayman M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89417

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Park Heights Ave St., 5 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sara-Eva Hahnamy

(a) Residence: No. 2625 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Zakoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address) same

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Cem Date 4/13/33

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED APR 12 1933 Huntington Indiana, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Gas. Poison (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Specify)

(Signed) ... M. D.
Coroner

(Address) 3632 Roland Ave

M. D. B. 1268-9

89418 HEALTH DEPARTMENT—CITY OF BALTIMORE 89418

CERTIFICATE OF DEATH

161-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Womans Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hochberg

(a) Residence: No. Eyser 114 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Hochberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel Feik

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rochdale Cem. Date 4/12/33 19

19. UNDERTAKER Leopold Levi
(Address) 1432 E. Baltimore St.

APR 12 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to April 11, 1933

I last saw h[illegible] alive on April 11, 1933. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis of Lungs	4/10/33

Other contributory causes of importance:

Intra-uterine Asphyxia	4/10/33

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Allen Becker M. D.
(Address) Womans Hospital

M. D. B. 1268-9

89419 HEALTH DEPARTMENT—CITY OF BALTIMORE 89419

CERTIFICATE OF DEATH

Registered No. 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Main ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Louis Rosenfeld

(a) Residence: No. 4017 Main ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Adele Rosenfeld

6. DATE OF BIRTH (month, day, year) 9-26-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shut Mettle Pants

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Rosenfeld

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hattie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Rosenfeld - Wife

(Address) 4017 Main ave

18. BURIAL, CREMATION, OR REMOVAL Date 4/12/33 19

Place Mt Carmel

19. UNDERTAKER Guth Bros Inc

(Address) 1939 E. Baltimore St

20. FILED 12 1933 19 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-33. 19

22. I HEREBY CERTIFY, That I attended deceased from April 7 19 33 to April 10 19 33

I last saw him alive on April 10 19 33. Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/7/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis EE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nueton Sherry M. D.

(Address) 4001 Banner Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89420 5 7 1420 X 5/E 89420

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hart

(a) Residence: No. 45 Fullerton Hgts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) 8-12-69

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	7	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alex Hart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Andrews

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Date April 13 1933

19. UNDERTAKER Josiah Leeper & Sons
(Address) Mead & Madison Sts

20. FILED APR 12 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20 1933 to apr 11 1933

I last saw him alive on apr 11 1933 Death is said to have occurred on the date stated above, at 1255 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	8 yrs
c glandular (iliac) metastasis	
Other contributory causes of importance:	
Ileus (Post op appendiceal adhesions	8yrs
Auricular fibrillation	4yr
Name of operation Radical Perineal Prostatectomy Date of	3yr
What test confirmed diagnosis? Path. Was there an autopsy? Yes	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd F. Lewis M. D.
(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

89421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89421

CERTIFICATE OF DEATH

71-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St. 25-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Kraft

(a) Residence: No. 2220 Sydney Ave St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis B. Kraft

6. DATE OF BIRTH (month, day, year) Dec - 2 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	40	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Beal

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Annie Ward

16 BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT South Baltimore Gen'l Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date April 14 1933

19. UNDERTAKER Jones & Myers on Wash'n
(Address) Westminster

20. FILED APR 17 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1933, to 4-10, 1933

I last saw her alive on 4-10 1933 death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe Secondary Aplastic Anemia	Jan 1932
Splenomegalia	Nov-1932
Right Bronchial Terminal Pneumonia	Mar-1933

Other contributory causes of importance:
Hemorrhagic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signature Wilbur M. Engel Leber, M. D.

(Address) South Balto. Gen. Hosp.

Cor.—10-10-29—A Co.—100 Bks.

E 89422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89422

CERTIFICATE OF DEATH

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. In front of 717 W. Lexington St., 27-01 Ward)

2-FULL NAME Alfred L. Pritchard

(a) RESIDENCE NO. 3424 Virginia Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Pritchard

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1890

7 AGE	Years	Months	Days 24	IF LESS than 1 day hrs. or min.
	42	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer) Singer Sewing
(c) Name of employer Machine Company

9 BIRTHPLACE (city or town) Secretary,
(State or country) Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Margaret Carroll

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. Susie Pritchard (Wife)
(Address) 3424 Virginia Ave.

15 Filed , 19 Huntington Williams, Registrar

APR 12 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 0 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wayne Gilbert M. D.

4/11. 1933. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
East New Market, Md.	Apr. 13 1933
20 UNDERTAKER John F. Kenny	ADDRESS 715 Light St.

OF DEATH in plain terms, so that it may be properly classified. Enter statement of occupation in full. Important. See instructions on back of certificate.

M. D. B. 1268-9

E 89423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89423

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hotel (St.) 19-01 (Ward)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Rufus Tyler

(a) Residence: No. 338 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Single 1893

7. AGE: Years 39; Months; Days; If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Tyler
(Address) 338 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date April 13, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED APR 13 1933 Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. Luck Gordon, M. D.
Coroner

(Address) .....

M. D. B. 1268-9

89424

E 89424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Schamberger

(a) Residence: No. 3501 Bronyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No

6. DATE OF BIRTH (month, day, year) Apr 10 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Lawrence Schamberger
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Marguerite McCloskey
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT James Lawrence Schamberger
(Address) 3501 Bronyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/13 1933

19. UNDERTAKER Henry H. Mears & Son
(Address) 805 N. Gaylord St.

20. FILED APR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11. 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1933 to Apr 11 1933
I last saw him alive on Apr - 11 - 1933. Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	4/10/33

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Usual Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward L. Smith M. D.
(Address) 920 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF ONSET and OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89425

HEALTH DEPARTMENT—CITY OF BALTIMORE

7 E 89425

CERTIFICATE OF DEATH

V 93-007

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 21-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Plater

(a) Residence: No. 1414 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Andrew Plater.

6. DATE OF BIRTH (month, day, year) May 26 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60		30 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT None Known
(Address) Ct. House

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4-12 1933

19. UNDERTAKER Dent Tasker
(Address) 1600 Eutaw Place

20. FILED 19 Registrar.

APR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/8 1933 to 4/9 1933

I last saw her alive on 4/9 1933 Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1-33
Arteriosclerosis	?
Hypertension	?
Chronic myocarditis	

Other contributory causes of importance:

Pseudo bulbar palsy	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A. Penley M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1668-0

89426

E 89426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 4-01

CITY OF BALTIMORE: (No. 4940 Eastern Ave St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace Major

(a) Residence: No. 575 Baker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dannie

6. DATE OF BIRTH (month, day, year) 5-10-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

FATHER

13. NAME George —

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Margaret Great.

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 4-13 19 33

19. UNDERTAKER Dennis Easton
(Address) 916 Druid Ave.

20. FILED 19 Registrar.

APR 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1933 to 4-9 1933

I last saw him alive on 4-9 1933 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-4-33

Other contributory causes of importance: Heart Disease arteriosclerotic ?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

4-10-33 (Signed) Oliver Eichberger, Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. E. S.—500 Bks.

E 89427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89427

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 E. Lafayette Ave. ST. 8-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Claus Henry Asendorf

(a) RESIDENCE NO. 2428 E. Lafayette Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thiemeyer Asendorf

6 DATE OF BIRTH (month, day, and year) April 12th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Asendorf

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Chas. L. Asendorf

(Address) 3129 Pimlico Rd.

15 Filed APR 12 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10th 1933

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1933, to April 10, 1933, that I last saw him alive on April 10, 1933 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uremic Poisoning

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. E. Reaver M. D.

April 12, 1933 (Address) 1301 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 4/13/33

20 UNDERTAKER Geo. Wilson & Son

ADDRESS 2503 Edmondson Ave

M. D. B. 1268-9

89428 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89428

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Byrd St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Neill

(a) Residence: No. 1728 Byrd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 6 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Neill Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Heikle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary Hartlove

(Address) 1728 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Apr. 13. 1933

19. UNDERTAKER Maragret E. Flynn

(Address) 422 Light St.

20. FILED Apr 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1933 to Apr 10 1933

I last saw him alive on Apr 10 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 6/33
Other contributory causes of importance:	
Exhaustion	Apr 9/33

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Apr. 11-33 (Signed) H. B. Campbell M. D.

(Address) 16 W. Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89429

E 89429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 6-01 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Cook

(a) Residence: No. 1111 N Broadway St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Jack Bergin

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Alice Cook

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. College Date April 12 1933

19. UNDERTAKER

(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 1933 to March 21 1933

I last saw h.. alive on March 21 1933 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia, pneumococcus	3/20/33
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Jack Jack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89430 42 mid

HEALTH DEPARTMENT—CITY OF BALTIMORE 89430

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-01 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Linsky Bintlee

(a) Residence: No. 116 S. Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 18-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 070

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Bintlee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte Green

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place U of Md Med College Date April 12 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

R 121933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31-1933, to 4-7-1933

I last saw her alive on 4-7-1933. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1920
Mitral stenosis & insufficiency	1920
Myocardial insufficiency	Jan. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dean A. Clark M. D.

(Address) J.H.H.

M. D. H. 1268-9

E 89431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89431

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Watson St. St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Morgan

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Mem. Park Date April 12, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED APR 12 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... , to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. B. 1268-9

89432

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89432

CERTIFICATE OF DEATH

25-01 124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cherry Hill, Westport St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Anastazia Kvedera

(a) Residence: No. Cherry Hill, Westport St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Kvedera

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Joseph Kvedera
(Address) Cherry Hill, Westport

18. BURIAL, CREMATION, OR REMOVAL
Placed Holy Redeemer Date April 17, 1933

19. UNDERTAKER John Grebliauckas,
(Address) 423 S. Paca Street,

20. FILED [illegible], Registrar.

4 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1929 to April 11 1933

I last saw her alive on April 3, 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Other contributory causes of importance:	
Cirrhosis of liver Calculus	1928
ascites	

Name of operation Laparotomy Date of 1928

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edrone Pansini M. D.

(Address) 612 Holabird Ave

M. D. B. 1268-9

270842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89433

CERTIFICATE OF DEATH

E 89433

92-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 3-a1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Johnson

(a) Residence: No. 115 N Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

6a. If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Randall (name)

6. DATE OF BIRTH (month, day, year) May 26 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Marcus Hill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Molly Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Milford Va Date 4/12 1933

19. UNDERTAKER Isaiah H Burns Son
(Address) 1010 Montgomery St

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13 1933 to April 9 1933

I last saw her alive on April 9, 1933 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1925
Mitral Stenosis + Insufficiency	
Tricuspid Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

APR 12 1933

SEE CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89434

HEALTH DEPARTMENT—CITY OF BALTIMORE

89434

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Hamlet Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Edward Litchfield

(a) Residence: No. 5501 Hamlet Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie M. Litchfield

6. DATE OF BIRTH (month, day, year) Nov. 11 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James A. Litchfield

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne Frist

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry C. Litchfield

(Address) 5501 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 13. 1933

19. UNDERTAKER Josiah Syfer

(Address) 100 W. North Ave

20. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to April 10, 1933

I last saw him alive on April 10, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	
Coronary Thrombosis A.C.W.	4-10-33
Other contributory causes of importance:	
Arterio - Sclerosis -	1924
Angina - Pectoris.	1924

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry C. Wilson M. D.

(Address) 3 W. Biddle St. Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12 1933

Spec.—1-30—M. & T.—250 Bks

E 89435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89435

46

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 222 S. Calhoun ST. 19-01 WARD)

2-FULL NAME Lola Virginia Crewton

(a) RESIDENCE NO. 222 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Crewton

6 DATE OF BIRTH (month, day, and year) June 9 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thos. F. Shinkle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph Crewton

(Address) 222 S. Calhoun St.

15 Filed 12 1933 Washington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 12. 1933

17 I HEREBY CERTIFY, That I attended deceased from November 14, 1932 to April 11, 1933.

that I last saw her alive on April 11, 1933,

and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Intestines

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion, Starvation (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X. Ray. Usual Symptoms

(Signed) E. F. Preston, M. D.

4.12.33 (Address) Fort Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL April 14 1933

ADDRESS 1600 N. Howard

20 UNDERTAKER Josiah Syfer

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 89435 E 89436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Green

(a) Residence: No. 2927 E Madison St., Ward. Texas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward W. Green

6. DATE OF BIRTH (month, day, year) 1-1-83

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Fred Mundon

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Ella (Mundon)

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Robert W. Green Records

(Address) 1411 Linwood Ave. Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Cem. Date 4/13/33

19. UNDERTAKER Geo. Roth Inc.

(Address) 1330 Washington Blvd.

20. FILED ... Registrar. 4/13/33

R 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933 to Apr 10, 1933

I last saw h.. alive on Apr 16, 1933 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia, bilateral	
multiple pulmonary abscesses	
Lacunar sinusitis	
Other contributory causes of importance:	

Name of operation Drainage of sinuses Date of 3-12-33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark M. D.

(Address) J. H. H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 89437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89437

CERTIFICATE OF DEATH

× 82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 E. Monument St., 7-06 Ward)

Length of residence in city or town where death occurred 30 yrs. 7 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Montagna

(a) Residence: No. Mary Ave. Fullerton St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Montagna

6. DATE OF BIRTH (month, day, year) March 15 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Montagna
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Verkstown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT George J. Montagna
(Address) Mary Ave. Fullerton

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 15, 1933

19. UNDERTAKER Frederick Grossmann Sons
(Address) 2101 Pitts Road

APR 13 1933 Huntington Avenue Station
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7 1933, to April 12, 1933

I last saw h. alive on April 12 1933 death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2.2.33
Other contributory causes of importance:	
Pulmonary Edema	7 days

Name of operation None Date, of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Blumenberg Sr. M. D.
(Address) 1901 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

89438

E 89438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Old York Rd St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbur E Phalen

(a) Residence: No. 3625 Old York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche H Phalen

6. DATE OF BIRTH (month, day, year) Feb 6 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement & Belt

10. Date deceased last worked at this occupation (month and year) Dec 1933 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Phelan Miss

FATHER

13. NAME Henry D Phalen

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Helen London

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Blanche H Phalen
(Address) 3625 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Church Date 4/14 1933
Upper Falls Md

19. UNDERTAKER [illegible]
(Address) 1300 E Fort Ave

20. FILED ... 19... Registrar

PR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933, to April 12, 1933

I last saw him alive on April 12, 1933. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4-12-33
Other contributory causes of importance: Arterio sclerosis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) Wilbur M Pearce M. D.

(Address) St Paul & Preston Sts

Call Count after 1

E

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89439

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death orrurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 9 ward)

Length of residenre in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George T. Coffin

(a) Residence: No. 2017 Greenmount ave St., ... Ward. .....
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (rity or town) Balto (State or country) md

FATHER

13. NAME George Coffin

14. BIRTHPLACE (city or town) Nantucket (State or country) Mass

MOTHER

15. MAIDEN NAME Rachel Randall

16. BIRTHPLACE (rity or town) Balto Co (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/15 '33

19. UNDERTAKER Wm Cook
(Address) 1219 E Fayette St

20. FILED ..... 19 ..... Registrar

MAR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1933 to 4-11, 1933

I last saw him alive on 4-11, 1933 Death is said to have occurred on the date stated above, at 2 p. m.

The prinripal cause of death and related rauses of importanre were as follows:

	Date of onset
Antriosclerosis	
Cellulitis left foot & leg	3-28-33
Other contributory causes of importanre:	
Broncho Pneumonia	4-8-33

Name of operation Amp. Left Leg Date of 4/8/33

What test confirmed diagnosis? C. Was there an autopsy? .....

23. If death was due to external rauses (violence) fill in also the following:
Acrident, suicide, or homlride? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public plare .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Selaph M. D.

(Address) Balto City Hosps

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 89440 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 89440

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1443 Gorsuch Ave ST., 9-01 WARD)

2—FULL NAME Mr. L. Scott Carswell

(a) RESIDENCE NO. 1447 Gorsuch Ave ST., Balto. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Buckley.

6 DATE OF BIRTH (month, day, and year) Feb 11, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Business (Retired)

(b) General nature of Industry, business, or establishment in which employed (or employer) Usual Occ

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John S. Carswell

11 BIRTHPLACE OF FATHER (city or town) Paisley,
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Henrietta VanRieper

13 BIRTHPLACE OF MOTHER (city or town) Belleville
(State or country) New Jersey

14 Informant Son.
(Address) Catonsville Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1933, to Apr 12, 1933, that I last saw h alive on Apr 12, 1933 and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis & myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Geraghty, M. D.

, 19 (Address) Blacks Lane Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 4/14 1933

20 UNDERTAKER Wm Lorh

ADDRESS 1217 St Paul St

Important. See instructions on back of certificate.

M. D. H. 1566-32

89441

HEALTH DEPARTMENT—CITY OF BALTIMORE

89441

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St., 11-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Edward Kogle

(a) Residence: No. 624 E Street / Spurrows Ward. / Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	~~Married~~ Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E.

6. DATE OF BIRTH (month, day, year) June 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Kogle

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Davidson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hosp. Records

(Address) Md Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem. Balto Md. 4/15 1933

19. UNDERTAKER J. M. Long

(Address) 217 E Lexington St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-8 1933 to 4-12 1933

I last saw h~~e~~ alive on 4-12 1933 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Card-vas. Renal Disease	4
Arteriosclerosis	
Other contributory causes of importance:	
Hypostatic Pneumonia	4-9-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Krause M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

1-30—M. & T.—100 B—50L

B 89442

E 89442

82-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 715 Brannan Court. ST. 22-01 WARD)

2-FULL NAME Anna M. Hamilton.(C)

(a) RESIDENCE NO 715 Brannan Court. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a If married, widowed or divorced
(or) WIFE of Richard Hamilton.(C)

6 DATE OF BIRTH (month, day, and year) May 4, 1982

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	40	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 837
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Johnson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ella Gross.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Cordelia Gross.(aunt)
(Address) 814 Hanover St.

15 Filed APR 13 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt Coroner, M. D.

4/11/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary East

DATE OF BURIAL 4/12 1933

20 UNDERTAKER Isaiah R Bibbins Sons

ADDRESS 1019 W Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89443

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Baker

(a) Residence: No. 804 N. Dallas st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Baker

6. DATE OF BIRTH (month, day, year) Feb. 28, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Frank Waters

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cornelia Bowen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date april 14. 1933

19. UNDERTAKER Edw. Bryan
(Address) 163 Carlton st.

20. FILED ..... 1933 ..... Registrar.

R 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1933

22. I HEREBY CERTIFY, That I attended deceased from October 31 1932 to April 10 1933

I last saw her alive on April 10 1933 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1932
Spontaneous pneumothorax	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

89444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89444

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Fremont Ave St. 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank A. Green

(a) Residence: No. 323 S. Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Green

6. DATE OF BIRTH (month, day, year) June 30 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James H. Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Addie Hytton

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs. Lola E. Court

(Address) 323 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 13, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St Washington Funeral Parlors, Inc

20. FILED APR 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Fellers M. D.
Coroner

(Address) 2727 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89445

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Kirkpatrick

(a) Residence: No. 206 E Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 21, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Lawrence Kirkpatrick

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Geneva Vaneck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lawrence Kirkpatrick

(Address) 206 Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Loudon Memorial Date April 13, 1933

19. UNDERTAKER Wm. Buckel & Sons

(Address) 320 E. 23rd St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 11, 1933

I last saw him alive on April 8, 1933. Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pharyngitis	3/31
Bronchial Pneumonia	4/3

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Henry Jackson, M. D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Fatal conditions of long standing should be reported. OCCUPATION is very important. See instructions on back of certificate.

APR 13 1933

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89446 E 89446

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 W. Saratoga St., 28-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME SAMUEL JONTIFF

(a) Residence: No. 4411 BELLE VIEW AVE. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ELENORE VIRGINIA JONTIFF

6. DATE OF BIRTH (month, day, year) 1895. 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42 ~~38~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STORE KEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME ABRAHAM JONTIFF

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME DORA

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT JACK LEWIS INC.
(Address) 1439 E. BALTIMORE. ST.

18. BURIAL, CREMATION, OR REMOVAL
~~Pikesville Md.~~ HEBREW MT. CAREL Date 4-13-33. 19

19. UNDERTAKER JACK LEWIS INC.
(Address) 1439 E. BALTIMORE ST.

20. FILED APR 13 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to revolver wound of head	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/11 19 33

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Zellert M. D.
Coroner

(Address) 2734 Ekoten Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

9447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89447

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 W. Saratoga St., 28-81 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Virginia Jontiff

(a) Residence: No. 4411 Belview Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Jontiff

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Roberts

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Alice Kellso

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Thomas Roberts (Father)
(Address) 635 N. Bentelou St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 4/14/33 19

19. UNDERTAKER Davis Lewis Inc.
(Address) 1439 E. Balto St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 -33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to pistol shots of neck, chest & abdomen	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/11, 1933.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

M. D. H. 1268-9

E 89448 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89448

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1009 Arlington Ave St., 16-21 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva E. Wanken

(a) Residence: No. 1009 Arlington ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. C. Wanken

6. DATE OF BIRTH (month, day, year) Nov. 6-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ger.

FATHER

13. NAME August Rerskmer

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Geo. C. Wanken
(Address) 1009 Arlington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loans Pres. Cem. Date Apr. 13 1933

19. UNDERTAKER Philip Herwig
(Address) 2076 Wilkens ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 40p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia- Burns over back. hips & rt leg.	Mar 16/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of Injury Mch 16 19.....

Where did injury occur? in her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell into pan of scalding water

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Price M. D.
Coroner

(Address) 1006 E. Monument

1-30—M. & T.—100 B—50L

89449

E 89449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital WARD 27-24

2-FULL NAME Charlotte Loewer.

(a) RESIDENCE NO. 4856 Pimlico Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) January 19, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Loewer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Schloman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Charlotte Bowen. (niece)
(Address) 3016 Ferndale Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1933[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Uraemia due to Bichloride Mercury poisoning. Suicide.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1020 Hanover st. March 30, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Edw. M. Leonard, M. D. Coroner

4/11/33 [19] (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: April 13 1933

20 UNDERTAKER: E. Schloman & Son ADDRESS: 1039 Hanover st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 89450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 163 E 89450

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert L. Haas

(a) Residence: No. 935 Brooks Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice Haas

6. DATE OF BIRTH (month, day, year) March 10, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loan broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

045

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leopold Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Moses

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. Haas
(Address) 935 Brooks Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Apr. 13, 1933

19. UNDERTAKER Ward Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED APR 13 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cyanic Acid Poison (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thos. J. Morrissey Coroner M. D.

(Address) 3672 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89451

CERTIFICATE OF DEATH

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Hanford St. 17-01 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jimmie Walker

(a) Residence: No. 1430 Hanford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Walker

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32 33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ordinary
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Johnson Walker
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Anderson
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ethel Bennett
(Address) 1430 Hanford

18. BURIAL, CREMATION, OR REMOVAL Date 4/13/33 19
Place Norfolk, Va.

19. UNDERTAKER Ellery Outlaw
(Address) 1100 E Brambleton Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/33

22. I HEREBY CERTIFY, That I attended deceased from 4/8/33 to 4/12/33

I last saw him alive on 4/11/33 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia from	4/9/33
complications from	
the Intoxication	

Other contributory causes of importance:

Alcoholism from

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Lee M. D.

(Address) 924 Madison Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89452

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 24-01 Ward)

Length of residence in city or town where death occurred 47 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C Fischer

(a) Residence: No. 1209 Wall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary (dead) July 7. ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 060

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Henry Fischer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Emma Hentz

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Records (Address) Baltimore City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Date 4/13/ 193

Place: Sacred Heart

19. UNDERTAKER: John F. Fahey & Son (Address) 1318 Light St

Filed APR 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1933 to 10-12 1932 I last saw him alive on April-10 1933 Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

Heart Disease, Arteriosclerosis — Date of onset ?

Other contributory causes of importance:

Emphysema ?

Myocardial insufficiency ?

Name of operation: Date of: None

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Pinnell M. D.

(Address) Baltimore City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89453

HEALTH DEPARTMENT—CITY OF BALTIMORE

89453

CERTIFICATE OF DEATH

Registered No. V 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Holley

(a) Residence: No. 658 N Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date April 13, 1933

19. UNDERTAKER [redacted]
(Address)

20. FILED ... 1933 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Acute Edema of Lungs	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Feldt M. D.
Coroner

(Address) 27 S Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 89454

89454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1316 N. Fulton Ave. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Minnie Curran

(a) Residence No. 1316 N. Fulton Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~~~

6-DATE OF BIRTH (month, day and year) July 1877

7-AGE, 55 yrs. 9 mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)..... ~~~ 070

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Curran

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Kearney

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland.

14- (Informant) John A. Hill

(Address) 3010 Rockwood Ave.

15- APR 13 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11, 1933

17- I HEREBY CERTIFY, That I attended deceased from December 27, 1932, to April 11, 1933, that I last saw her alive on April 11, 1933, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

(Chronic valvular heart disease (Mitral regurgitation)

.....

.....

.....(Duration)...1...yrs...6...mos.....ds.

CONTRIBUTORY ~~~
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?..... —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

4-12, 1933 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Philadelphia Pa. DATE OF BURIAL, April 14, 1933

20-UNDERTAKER, Martin Dahey & Sons ADDRESS 1827 W. North Ave

In plain terms, so that it may be properly classified. Exact instructions on back of certificates.

M. D. B. 1268-0

E 89455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89455

CERTIFICATE OF DEATH

X V 82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Recent yrs. most mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Locks

(a) Residence: No. Huntington, Calvert Co. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Maggie Locks

6. DATE OF BIRTH (month, day, year) Dec 18 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benjamin Locks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Chapel
Place Calvert Co. Potters Date 4-18 1933

19. UNDERTAKER W. H. Donnelly
(Address) Darby Cassell Co Md

20. FILED 19 Huntington Calvert Co Md
APR 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1933 to 4/13, 1933

I last saw him alive on 4/13, 1933 Death is said to have occurred on the date stated above, at 6.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	1 day
Other contributory causes of importance:	
Hypertrophied Prostate - Benign	2 m.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89456 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89456

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 W. Lanvale St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecil R. Meck

(a) Residence: No. 2003 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. R. Meck

6. DATE OF BIRTH (month, day, year) Jan. 29, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. R. Meck
(Address) 2003 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Apr 15, 1933

19. UNDERTAKER Jos. L. Fickenscher & Sons
(Address) North & Pennsylvania Ave

20. FILED ..... 19.. ..... Registrar.

APR 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Apr 12, 1933

I last saw h.. alive on Apr 12, 1933. Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis.	1931
Arteriosclerosis.	1928
Cardiac decompensation	4-10-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Martin Hanna M. D.

(Address) 1822 W Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89457

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Buthai Etterman

(a) Residence: No. 301 S. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed) or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Herman E Etterman

6. DATE OF BIRTH (month, day, year) May 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	67	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Etterman

(Address) 301 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 4/14 1933

19. UNDERTAKER Hans A. Duttke

(Address) 1101 Edmondson Ave.

20. FILED Washington Funeral Dir.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1933, to April 11, 1933

I last saw h.e.r alive on April 11, 1933 Death is said to have occurred on the date stated above, at 9 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, tuberculosis of lungs	
Bronchial Pneumonia	
Acute Cardiac failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert W. Allen M. D.

(Address) St. Agnes Hospital

Instructions should be carefully read before this certificate is filled out. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89458

E 89458 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 423 N. Pine St. 4-01 (Ward)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Crane

(a) Residence: No. 423 N. Pine St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Crane

6. DATE OF BIRTH (month, day, year): 1854

7. AGE: Years 78; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Market Frederick Co Md

FATHER

13. NAME: Geo Crane.

14. BIRTHPLACE (city or town) (State or country): Fred Co Md

MOTHER

15. MAIDEN NAME: Minerva Jones

16. BIRTHPLACE (city or town) (State or country): Fred Co Md

17. INFORMANT: Lizzie Crane

(Address): 423 W. Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cem Date: 4-13 1933

19. UNDERTAKER: Hamil Easton

(Address): 916 Pa Ave

20. FILED: APR 13 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933 to April 11th 1933

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Terminal	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: ..... Was an autopsy held? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. O. Funk M. D.

(Address) 1211 Fremont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

89459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89459

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4115 E Lombard Street St. 26-01 Ward)

Length of residence in city or town where death occurred 40 Years yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Bocchino

(a) Residence: No. 4115 E. Lombard Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Micheal Bocchino

6. DATE OF BIRTH (month, day, year): July 15, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Amato Biancanello

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Carmela (Unknown)

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Ella Nichols, 4115 E Lombard Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. April 17, 1933
Date ....., 19.....

19. UNDERTAKER (Address): [illegible]

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931, to April 12, 1933

I last saw h[illegible] alive on April 11, 1933 death is said to have occurred on the date stated above, at 7:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/8/33

Other contributory causes of importance:

Endocarditis	10/6/31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. L. Mazer M. D.

(Address) 261 E Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

APR 18 1933

M. D. B. 1268-9

89460

HEALTH DEPARTMENT—CITY OF BALTIMORE

89460

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 John St. St. 14-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine T. Costello

(a) Residence: No. 1518 John St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, HUSBAND of (or) WIFE of William F. Costello Sr.

6. DATE OF BIRTH (month, day, year) February 8th. 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Owen Patterson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Mullen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William F. Costello Sr.
(Address) 1518 John St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 15. 1933

19. UNDERTAKER Chas. F. Wagner & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th. 1933

22. I HEREBY CERTIFY, That I attended deceased from January 10. 1933 to April 12 1933

I last saw h[illegible] alive on April 12 1933 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	18 mos ago
Other contributory causes of importance:	
Cerebral Hemorrhage	April 1933

Name of operation none Physical exam. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no injury If so, specify

(Signed) Edwin K. Ballard M. D.

(Address) 1622 Mt Royal Ave

Information called for on both sides of this certificate is necessary. Answer questions fully and accurately, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

Mary L Gill

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89461

E 89461

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Lanvale St. 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Gill

(a) Residence: No. 919 N Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 041

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Ena Owens

(Address) 1367 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date April 15 1933

19. UNDERTAKER Joseph A Lyerly

(Address) 402 N. Mount St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1933 to 4-11 1933

I last saw her alive on 4-11 1933 Death is said to have occurred on the date stated above, at 9:02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-20

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Harris M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PR 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89462

CERTIFICATE OF DEATH

E 89462

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hosp. (Ward) 11-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Madeline Brown

(a) Residence: No. 1215 McCulloh Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 23 1928

7. AGE: Years 5 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Edw Brown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Fleet

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Elizabeth Brown

(Address) 215 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date April 15 1933

19. UNDERTAKER: Joseph A Sirey

(Address) 409 N. Mount Street

20. FILED APR 13 1933 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Accident 2nd degree burned

Date of onset

Other contributory causes of importance: Was playing with firecrackers

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? 215 McCulloh
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Smith M. D.
Coroner

(Address) ...

M. D. B. 1268-9

(James) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89463

89463

CERTIFICATE OF DEATH

X 25

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George D. Jones

(a) Residence: No. Onancock, Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 12 16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Howard L. Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Marston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Onancock Va Date April 15 19..

19. UNDERTAKER Charles F. Powell
(Address) 24th & Edmondson Ave.

20. FILED ..... 19.. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1933 to 4/12 1933

I last saw h.. alive on 4/12 1933. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable T.B. Empyema	1 yr?
Other contributory causes of importance: Cerebral embolism	1 month?

Name of operation Thoracotomy Date of 2/23/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J H Gordon M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Exact statement is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION

Spec.—1-30—M. & T.—250 Bks

E 89464 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89464

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. 24-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 E. Fort Ave. WARD 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Buchborn

(a) RESIDENCE NO. 434 E. Fort Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Buchborn

6 DATE OF BIRTH (month, day, and year) Oct. 18 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Ida Buchborn

(Address) 434 E. Fort Ave.

15 Filed APR 13 1933, 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-1933

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 12, 1933, that I last saw him alive on April 12, 1933, and that death occurred, on the date stated above, at 8.25 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) S. H. Barranco, M. D.

, 19 (Address) 436 E. Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL April 15 1933

20 UNDERTAKER George E. Schwab — ADDRESS 2101 Fleet Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

M. D. B. 1268-9

89465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89465

CERTIFICATE OF DEATH

8-01 82-801

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E 32nd St., 8-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Walter Cooper

(a) Residence: No. 1704 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillie Wright Cooper

6. DATE OF BIRTH (month, day, year) Aug 14th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bth. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Thomas Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Seymour

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs Gladys Stanley
(Address) 1704 E 32nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hurlock, Md. Date 4/14/ 1933

19. UNDERTAKER C. I. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10 1933 to April 11 1933

I last saw him alive on April 11 1933 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	Apr 11-33
Arterio Sclerosis -	10 yrs -

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Mary E. Forbes M. D.

(Address) 8 W. Preston St. Balto.

R 13 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89466

CERTIFICATE OF DEATH

E 89466

82-001

27-01

1. PLACE OF DEATH 5201 Craig Ave. Registered No.

CITY OF BALTIMORE: (No. 5201 Craig Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marian Virginia Hatfield

(a) Residence: No. 5201 Craig Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas R. Hatfield

6. DATE OF BIRTH (month, day, year) Jan 2, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4 3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott City Md.

FATHER

13. NAME Ishmael Kellar (Kellar)

14. BIRTHPLACE (city or town) (State or country) Unionick Md.

MOTHER

15. MAIDEN NAME Anna Pierpont.

16. BIRTHPLACE (city or town) (State or country) Elliotts City Md.

17. INFORMANT Mrs. Ishmael Kellar
(Address) 5201 Craig Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Apr. 15 1933

19. UNDERTAKER Beth Hook
(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

R 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to April 12 1933

I last saw her alive on April 12 1933 Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Feb 4 '33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. I. Shackelford M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. Any blanks not properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89467

CERTIFICATE OF DEATH

108

E 89467

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Cokley

(a) Residence: No. 614 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cokley

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Cokley

(Address) 614 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL.

Place Durham N C Date 4-13 . 1933

19. UNDERTAKER Dent Taylor

(Address) 711 Penna Ave Hunting ton, W. Va.

20. FILED . 19 U. S. P. H. Registrar.

R 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8 . 1933 to 4-12 . 1933

I last saw h alive on 4-12 . 1933 Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Pneumothorax & Sereous Effusion	3-8-33
Other contributory causes of importance:	
Lobar Pneumonia	3-6-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Harris M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89468

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E 21st St. St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wagner

(a) Residence: No. 326 E. 21st St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie Carroll

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schaeffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm P Callaghan

(Address) 3605 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 14 1933

19. UNDERTAKER Mary M Redford

(Address) 501 E 22nd St

20. Filed ..... 19..... Registrar.

R 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from January 20 1933 to April 11 1933

I last saw h[illegible] alive on April 11 1933. Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	
Chronic Hypertension	

Other contributory causes of importance:

Coronary Myocardial failure	2-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas J. Coughlan M. D.

(Address) 3701 Roland Ave

Information should be entered in ink, typed or printed, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89469

E 89469

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. 3504 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Blucher

(a) Residence: No. 2703 Hampden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth K. Blucher

6. DATE OF BIRTH (month, day, year) May 8 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard A. Blucher

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Florence McCauley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Richard A. Blucher

(Address) 2703 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hampden Date Apr 14 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 13 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound Through Head (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Mossburg, M. D, Coroner

(Address) 7612 Roland

state CAUSE OF DEATH in plain terms so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89470

CERTIFICATE OF DEATH

E 89470

V 97-001

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Chestnut Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugenia E. Kelly

(a) Residence: No. 3708 Chestnut Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of Thomas Kelly

6. DATE OF BIRTH (month, day, year) Dec 20th 1873 ~~1866~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Morris Cohen

(Address) 3708 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 15th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6 1933 to April 13 1933

I last saw her alive on April 12, 1933. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Dis Heart	14 yr

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis Phys Exam whether an autopsy was held

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. A. Kelly M. D.

(Address) 4085 Park Ave

PRINTED

M. D. H. 1368-9

89471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89471

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 W. Lanvale St., 11-01 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice P. Jackson

(a) Residence: No. 218 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur F. Jackson

6. DATE OF BIRTH (month, day, year) Mar 20-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sty 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Thomas B. Smith

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Margaret E. Williams

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT James H. Preston

(Address) 820 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Parson Cemetery 4/14/33

19. UNDERTAKER Julian Cook

(Address) 1247 St Paul St

20. FILED APR 13 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932, to Apr 12, 1933

I last saw h.. alive on Apr 12, 1933. Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Apl 15 yrs	
Cerebral hemorrhage	3-9-33

Other contributory causes of importance:

Myocardial insufficiency	2 yrs

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. J. Keller, M. D.

(Address) 222 W. Lanvale St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89472

CERTIFICATE OF DEATH

E 89472

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 129

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Shuter

(a) Residence: No. 3650 Ellerslie ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 3-10-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Wm Morehead

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eliz Vaney

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Apl 14 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1911 Eutaw Place

19a. FILED Registrar. APR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr - 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22 1933 to Apr 12 1933

I last saw her alive on Apr 12 1933 Death is said to have occurred on the date stated above, at 9.57 p m.

The principal cause of death and related causes of importance were as follows:

Acute pancreatitis with abscess of lesser peritoneal cavity — Date of onset Mar 17,

Other contributory causes of importance:

Myocardial failure - Pyelonephritis Lobular pneumonia

Name of operation Drainage of abscess Date of Apr 11,

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ernest B. Hurd M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 89473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89473

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N Bond St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie B Raynor

(a) Residence: No. 1313 N Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C Raynor

6. DATE OF BIRTH (month, day, year) Sept 28 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) ~~spent in this~~ occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter White

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Mary E Goss
(Address) 1423 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Date Apr 14 1933

19. UNDERTAKER J M Eyler
(Address) 2191 E Monument St

20. FILED ... 19... Registrar.

APR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to April 12 1933

I last saw her alive on April 12 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteriosclerosis	
Other contributory causes of importance:	
Ethanstrios and gangrene of leg	Months

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Apr 13/33 (Signed) R. O. Campbell M. D.

(Address) 16 W Hanover St

Dr Campbell, Grad Wrongway 55

INSTRUCTIONS: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89474

CERTIFICATE OF DEATH

E 89474

11-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Eager St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Wm. Strauss

(a) Residence: No. 2435 Eager St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Amelia Strauss

6. DATE OF BIRTH (month, day, year) Dec 18 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian Strauss

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Amelia Strauss
(Address) 2435 Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date April 14 19 33

19. UNDERTAKER John Lucas & Son
(Address) 2008 Orleans St

20. FILED APR 14 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-33

22. I HEREBY CERTIFY, That I attended deceased from 4-7-33, 19... to 4-11-33, 19...
I last saw h... alive on 4-11-33, death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 day

Other contributory causes of importance:

Acute Endocarditis (Organized)	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fred Wm Strauss M.D.

Address 2435 Eager St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 89475

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

V 59 E 89475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Folick

(a) Residence: No. 2442 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ichel

6. DATE OF BIRTH (month, day, year): 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0 ?

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Moses Hoffman

14. BIRTHPLACE (city or town) (State or country): Russian

MOTHER

15. MAIDEN NAME: Rebecca Rodeman

16. BIRTHPLACE (city or town) (State or country): Russian

17. INFORMANT: Ichel Folick

(Address) 2442 Eutaw pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date April 14 1933

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balt St.

20. FILED: Huntington Bulletin, Nov

Registrar.

APR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933 to April 13, 1933

I last saw h[illegible] alive on April 13, 1933. Death is said to have occurred on the date stated above, at 11 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	4-13-33
Coronary thrombosis	4-13-33

Other contributory causes of importance:

Chronic Cardio-vascular disease
Diabetes Mellitus

Name of operation: Appendectomy Date of 2-25-33

What test confirmed diagnosis? lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Archie L. Cohen M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89476 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89476

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St. Paul St. St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James H. Watts.

(a) Residence: No. 1001 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Sheeler Watts

6. DATE OF BIRTH (month, day, year) Dec. 28th. 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gerard S. Watts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Wolvington

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Martin S. Watts
(Address) 1001 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 15, 1933

19. UNDERTAKER Chas. F. Grace & Son
(Address) 118 W. Mt. Royal Ave.

20. Filed ..... 19..... Registrar.

APR 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on January 1 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Contracted one yr ago

Other contributory causes of importance:

Coronary Thrombus
Embolism

Date of onset

Name of operation None Date of .....

What test confirmed diagnosis? Heart Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Fenton M. D.
Coroner

4/14/33 (Address) 700 E. Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION in every case. See instructions on back of certificate.

M. D. B. 1268-9

E 89477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89477

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 W Chester St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Abey

(a) Residence: No. 1407 W Chester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Abey

6. DATE OF BIRTH (month, day, year) Dec 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 7

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME — Abey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Fowler

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ada Frazier
(Address) 1407 W Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 17, 1933

19. UNDERTAKER C. Howard Evans
(Address) 38 E Preston

20. FILED APR 14 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933, to April 13, 1933.

I last saw h... alive on April 13, 1933. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	4th 6th
Arteris sclerosis with hypertension	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Typewrite Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney H. Streett M. D.

(Address) 1502 E Fort Ave

E. B. Whitehurst, Registrar. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89478

89478

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 119

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Boyd St. St., 18-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Evelyn Generett

(a) Residence: No. 924 Boyd St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5 mos	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto Md

FATHER

13. NAME Norman Generett

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Charlotte Ward

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Charlotte Generett

(Address) 924 Boyd st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 15th 1933

19. UNDERTAKER A. J. Jones

(Address) 111 S. Gilmor st

APR 12 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12 1933 to April 12 1933

I last saw her alive on April 12 1933 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Unknown

Other contributory causes of importance:

Fermentative Diarrhoea	4-5-33

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 89479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89479

CERTIFICATE OF DEATH.

✓ 82-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 East Lanvale St. 11-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah Wilson

(a) RESIDENCE NO. 20 East Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 5. 1840

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
92	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Helms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Elizabeth Doran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. E. Jenkins

(Address) 902 E. Fayette St.

15 Filed APR 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1933

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 14, 1933, that I last saw her alive on April 13, 1933, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Right Sided Hemiplegia

(duration) yrs. mos 24 hours

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos 20 hours

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) William E Bras, M. D.

4-14, 1933 (Address) 727 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem"

DATE OF BURIAL April 15 1933

20 UNDERTAKER Henry W. Jenkins Son

ADDRESS Orchard & McCulloh

MEDICAL EXAMINER'S REPORT. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

A&Co. 5-31 250B

E 89480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89480

CERTIFICATE OF DEATH

V 87-002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Hazelwood ave St.; 27-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mollie M. Frankenberger

(a) Residence: No. 4809 Hazelwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

FATHER

13. NAME Henry Frankenberger

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Wilhelmina Klingler

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

17. INFORMANT Wilhelmina Frankenberger
(Address) 4809 Hazelwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cemetery Date April 15 1933

19. UNDERTAKER Frederick Lazenby & Sons
(Address) 7401 Belair Road

20. FILED APR 14 1933 Huntington Tennessee, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Apr 13, 1933

I last saw h... alive on Apr 12, 1933 death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Decubitus	
Other contributory causes of importance: Prostatic Obstruction	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. Smith M. D.

(Address) 4706 Harford Rd.

INFORMATION SHOULD BE ENTERED IN INK. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-9

E 89481 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89481

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) Homewood & Jts St., N. Charles St Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Janet L. S. Thompson

(a) Residence: No. Homewood & Jts N. Charles St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of William Thompson

6. DATE OF BIRTH (month, day, year) Sept 25 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME Henry E Culpeper

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

MOTHER

15. MAIDEN NAME Martha H. Grant

16. BIRTHPLACE (city or town) (State or country) Portsmouth Va

17. INFORMANT William Thompson

(Address) Homewood & Jts

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date 4/14 33

19. UNDERTAKER William Cook

(Address) 1215 Park Street

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas. Poison (Suicide.) (Coroner)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public** place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 3622 Roland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

E 89482

89482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Jefferson St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Eckle

(a) Residence: No. 2708 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Eckle

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Betz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Eckle

(Address) 2708 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 17, 1933

19. UNDERTAKER Jack Erickson

(Address) 1916 Eastern Ave

20. FILED April 17, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933 to April 13, 1933

I last saw h[illegible] alive on April 12, 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Complication	
Diabetes	5 day
Hypertension	
Nephritis,	
Acute Cardiac Dilatation	2 day

Other contributory causes of importance:

Name of operation ..... Date of 1933

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Berger M. D.

(Address) 1916 Eastern Ave

N. B.—WRITE PLAINLY, with ink. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should be careful to give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89483

89483 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Rose St., 7-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Reese

(a) Residence: No. 705 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Reese

6. DATE OF BIRTH (month, day, year) March 23/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	0	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Peter Reese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Reese

(Address) 705 N. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 17. 1933

19. UNDERTAKER Paul Borachon

(Address) 1906 Edmondson

20. FILED APR 14 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

Probably Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert Power M. D.
Coroner

(Address) 508 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Gill

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89484

CERTIFICATE OF DEATH

E 89484

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Derwick Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Gill

(a) Residence: No. 1532 Derwick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Gill (nee Lange)

6. DATE OF BIRTH (month, day, year) March 3, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Va.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elwood Gill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mrs. William C. Gill

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT 1532 Derwick Ave.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bel Air Md. Date 4/15/33 19

19. UNDERTAKER J. Wm. Whitefield

(Address) Bel Air Md.

20. Filed APR 15 1933, 19 Registrar. Harford Co. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to April 11, 1933

I last saw him alive on April 11, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	April 10
Other contributory causes of importance: Myocarditis	Dec 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Barrett & Bateman, M. D.

(Address) 1404 Linden Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89485

CERTIFICATE OF DEATH

V 107 E 89485

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5305 Vendley Road St. 28-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert R. Fankhanel

(a) Residence: No. 5305 Vendley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1927

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
5	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Albert R. Fankhanel

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Nellie M. Van Dale

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Albert R. Fankhanel
(Address) 5305 Vendley Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 15 19 33

19. UNDERTAKER Harry A. Mutfield
(Address) Lexington Building

20. FILED APR 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1933 to Apr. 13, 1933

I last saw him alive on Apr. 13, 1933 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Fujeen M. D.

(Address) 1326 W. Lombard St

M. D. B.—WRITE PLAINLY with indelible pencil. Only one letter in each square. Use one square for each letter or figure. Leave one square between words. Do not abbreviate. Answer all questions fully and accurately. Where information is not fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 89486

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha L. Paar

(a) Residence: No. 781 N. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry Paar

6. DATE OF BIRTH (month, day, year) 1/6/96

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Oct. 1932. | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Paul R. Lamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Ernst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband, Henry.
(Address) 781 N. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 4/17/33

19. UNDERTAKER Frank A. Kirkpatrick
(Address) 401 E. Monument St.

20. FILED APR 15 1933 Huntington Millsaps, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/15/33. 19 to 4/14/33. 19

I last saw h~~er~~ alive on 4/14/33. 19 Death is said to have occurred on the date stated above, at 4 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal cell carcinoma of cervix	6 mos?
Cachexia	
Recurrent Hemorrhage	6 mos.

Other contributory causes of importance:

Name of operation Biopsy of cervix Date of 1/16/33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Raymond F Scheffrich M. D.

(Address) Mercy Hospital

U. S. E.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89487 E 89487

CERTIFICATE OF DEATH

Registered No. 135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Ed. Elliott Burgess

(a) Residence: No. 110 A Street St., Brunswick, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-26-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	12 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C15

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Edward Burgess

14. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

MOTHER

15. MAIDEN NAME Evaline Elliott

16. BIRTHPLACE (city or town) (State or country) N. Hampton Co., Va.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Brunswick Md Date Apr. 18. 1933

19. UNDERTAKER C. H. Fuete & Son

(Address) Brunswick Md

20. FILED APR 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1933 to Apr. 14, 1933

I last saw him alive on Apr. 14, 1933 Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	?
Chronic Cardiac Valvular Dis.	?
Myocardial Insufficiency	Apr. 13, 33
Other contributory causes of importance:	
Benign Prostatic Hypertrophy	?
Chronic Nephritis	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Hebbon Young M. D.

(Address) Church Home & Infirmary

Information should be carefully supplied. Accuracy is necessary so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 89488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89488

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. St. Agnes, Mt. Washington St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Sister M. Collette (Agnes) Gaffney.

(a) Residence: Mt. St. Agnes, Mt. Washington, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Gassey Gaffney.

14. BIRTHPLACE (city or town) (State or country) Ireland ?

MOTHER

15. MAIDEN NAME Bridget — ?

16. BIRTHPLACE (city or town) (State or country) Ireland ?

17. INFORMANT Sister M. Mildred

(Address) Mt St. Agnes Mt Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. St. Agnes - Mt. Wash. 4/15 1933

19. UNDERTAKER Henry C. Mears & Son

(Address) 701 N. Eutaw St.

20. Filed APR 15 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19..., to April 1, 1933

I last saw h[illegible] alive on April 1, 1933. Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	1926
Chronic Myocarditis	
Other contributory causes of importance:	
Auricular Fibrillation	1/4/33
Cardiac Failure	3/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Peters M. D.

(Address) 1918 W. Lexington St.

R. B.—WRITE PLAINLY, WITH UNFADING INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RRH

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89489

E 89489

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Newland Road St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -- mos. - ds. How long in U. S. If of foreign birth? -- yrs. - mos. - ds.

2. FULL NAME Ella V. Christopher

(a) Residence: No. 3507 Newland Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha G. Christopher

6. DATE OF BIRTH (month, day, year) April 21, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME William Whiteford

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Mary Ann Willinghan

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Mrs. Austin P. Crook

(Address) 3507 Newland Road, Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 4/17 1933

19. UNDERTAKER Henry U. Mears & Son

(Address) 801 W. Eutaw St.

20. [illegible] Registrar.

PR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3-6 1932 to April 13 1933

I last saw h[illegible] alive on April 13, 1933. Death is said to have occurred on the date stated above, at 5 45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of cardelis	
Other contributory causes of importance:	
Arterio sclerosis	

Name of operation — Date of —

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1812 N Broadway

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89490

CERTIFICATE OF DEATH

87-061

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 W. Royal Ave. St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mae T. Thorpe

(a) Residence: No. 1325 W. Royal Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Thorpe

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Sweeney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT W. R. Sullivan
(Address) 1325 W. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 15 1933

19. UNDERTAKER Henry H. Jenkins Son
(Address) Eutaw & Mt. Carmel

20. FILED ... 19... Registrar.

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 19 33

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1931 to April 13, 1933

I last saw her alive on April 01, 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	
Left Hemiplegia	Feby 13, 1931
Thrombosis a. femoral artery	
Gangrene r. leg 3 wks	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Med. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. J. Turley M. D.

(Address) 110 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89491

CERTIFICATE OF DEATH

15 E 89491

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Wilkins

(a) Residence: No. 1607 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wilkins

6. DATE OF BIRTH (month, day, year) Apr 16/1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	11	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson, N.C.

FATHER

13. NAME ---- Whitling

14. BIRTHPLACE (city or town) (State or country) Wilson, N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Charles Wilkins

(Address) 1607 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 4-15 19 33

19. UNDERTAKER Jos Joseph S. Locks

(Address) 130 Jefferson St

20. Filed ..... 19 ..... Registrar.

R 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated about 8 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Alcoholism — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. S. Rice M. D.

Coroner

(Address) 508 E Fayette

Information should be complete, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89492

CERTIFICATE OF DEATH

23 E 89492

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Carolina St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Young

(a) Residence: No. 10 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 ~~1910~~ 1911

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~21~~ 21	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME ------ Young

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah Cade

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Theresa Crawford (half-Sister)
(Address) 1535 South St., Phila., Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 4-15th 1933

19. UNDERTAKER Mrs Joseph B. Locke
(Address) 1302 Jefferson St

20. FILED APR 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	??
Other contributory causes of importance: Possibly Tuberculosis	??

(over)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Allen Coroner, M. D.

(Address) 508 E Monument

Information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, is very important. See instructions on back of certificate. OCCUPATION

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89493

89493

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Hill Carter

(a) Residence: No. 212 Connecticut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. ~~Single, Married~~ Widowed, ~~or Divorced (which word)~~ ~~Married~~

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah E Carter

6. DATE OF BIRTH (month, day, year) July 30 1851

7. AGE Years 81 Months 8 Days 14/5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 673

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Thomas Carter

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Lydia Fletcher

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT R. H. Carter

(Address) 2916 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 17 1933

19. UNDERTAKER Wm J. Tuckman & Son

(Address) Mt Washington P.O.

FILED Huntington Pilliard, Registrar.

R 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to April 14, 1933

I last saw h alive on April 14, 1933 Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Thrombosis	?
(2) Low-Grade Septicemia	?
(3) Vincent's Angina	

Other contributory causes of importance:

(1) Arteriosclerosis	?
(2) Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

N. B.—WRITE PLAINLY, with unfading ink. AGE should be stated EXACTLY. PHYSICIANS should supply information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 89494 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89494

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. 25-91 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Christopher Lippe

(a) Residence: No. 1303 Hubner Ave. Catonsville St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christopher Lippe Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hosp. Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr 15, 1933

19. UNDERTAKER Wm. J. Tuskey & Son
(Address) Baltimore Md.

20. FILED Apr 15 1933 Huntington Pritchett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to April 13, 1933.

I last saw h. alive on April 13 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Disease	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert H. Allison M. D.

(Address) St. Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 15 1933

M. D. B. 1268-9

E 89495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89495

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Huntingdon Ave. Ward) 12-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Barbara Evoy

(a) Residence: No. 2807 Huntingdon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph A Evoy.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph A Evoy
(Address) 2807 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Mount Cathedral Date April 15. 1933

19. UNDERTAKER Chenowith & Son
(Address) 3457 Eastern Ave

20. FILED Huntington Williams Registrar
R. P. H.

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1932, to April 15th, 1933

I last saw her alive on April 13th, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion, due to starvation, unable to swallow foods.	
Other contributory causes of importance: Carcinoma of Stomach	9-1-32

Name of operation Date of

What test confirmed diagnosis? X Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) George W. E. Cross, M. D.

(Address) 28 W 25th St, Balto, Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89496

CERTIFICATE OF DEATH

46

E 89496

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S. East Ave St. 2-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Wood

(a) Residence: No. 131 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Wood

6. DATE OF BIRTH (month, day, year) June 20-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Deposit
(State or country) Md

FATHER

13. NAME Isaac Ortlip

14. BIRTHPLACE (city or town) Penna
(State or country)

MOTHER

15. MAIDEN NAME Sophia Hark

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Edna E. Jamieson.
(Address) 131 S. East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet cem. Date April 17, 1933

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St.

20. FILED [illegible] Registrar.

PR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to April 13, 1933

I last saw her alive on April 12, 1933 Death is said to have occurred on the date stated above, at 11 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1819 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be stated EXACTLY. PHYSICIANS should be careful, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89497 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 89497

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4021 Ridgecroft Rd. St. 27-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Spangler

(a) Residence: No. 4021 Ridgecroft Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Spangler

6. DATE OF BIRTH (month, day, year) June 19, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 64	9	2125	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At HOme

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bernard Trager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Louis Spangler
(Address) 4021 Ridgecroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem. Date April 17 19 33

19. UNDERTAKER George W. Zirkler
(Address) 1727 E Eutaw St.

20. FILED ..... 19 ..... Registrar.

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd. 1932 to April 14th 1933
I last saw her alive on April 13th 1933 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (Estimate)
Arterio. Deformans	1929

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ✓

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David E. Jones M. D.

(Address) 1011 E Edmondson Ave.

N. B.—WRITE PLAINLY, with unfading ink. All items must be answered or "unknown" stated. AGE should be carefully supplied. PHYSICIANS should be stated EXACTLY. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89498

CERTIFICATE OF DEATH

46 E 89498

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 Vine St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas E. Dorsey Jr.

(a) Residence: No. 760 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie McDorsey.

6. DATE OF BIRTH (month, day, year) July 23 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 76 61

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thos. E. Dorsey Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Boston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Dorsey
(Address) 760 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr. 15, 1933

19. UNDERTAKER Jesse W. Redden
(Address) 1436 W Biddle St.

20. FILED ..... 19 ..... Registrar.

PR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to April 13, 1933

I last saw him alive on April 13, 1933 Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?

Other contributory causes of importance: ?

Name of operation (Porter) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Edward J. McAuley, M. D.

4/13/33 (Address) 1230 Druid Hill Ave

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89499

E 89499

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Edgewood St. ST. 20-01 WARD)

2-FULL NAME Parke P. Mc Cubbin.

(a) RESIDENCE NO 502 Edgewood St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Estelle McCubbi n.

6 DATE OF BIRTH (month, day, and year) August 17, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	25 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Druggist.
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER [illegible]en McCubbin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Hunt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Charles A. Fauth. (daughter)

(Address) 502 Edgewood St.

15 Filed APR 15 1933, 192 Huntington Williams, N.T. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

4/13/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 4/15 1933

20 UNDERTAKER George A. Farley Funeral — ADDRESS Sayville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 89500 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89500

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1023 McCulloh St., (or) 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Antonia Life Dabney Jenkins

(a) Residence: No. 1023 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: F. Enoch

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 57 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Alonzo Matthews

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Campbell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Dabney Jenkins

(Address) 634 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL: Laurel Cem. Apr 5 1933

Place ... Date ...

19. UNDERTAKER: Bernard P. Crowley

(Address) 51 E. Lanvale St

Registrar. Apr 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 2 1933 to April 11 1933

I last saw him alive on ... 1933 Death is said to have occurred on the date stated above, at 9-40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Acute Arthritis - from Feby 2 to Mar 30/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Patterson, M. D.

(Address) 817 Hamilton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entries on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89501

CERTIFICATE OF DEATH

E 89501

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Druid Hill St. 11-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Fortune Yancey.

(a) Residence: No. 1031 Druid Hill St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 6 1870

7. AGE: Years 54 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Talbot Md

FATHER

13. NAME: Jacob Yancy

14. BIRTHPLACE (city or town) (State or country): Talbot Co Md

MOTHER

15. MAIDEN NAME: Sarah A Glass

16. BIRTHPLACE (city or town) (State or country): Washington Co Md

17. INFORMANT: Sarah F Yancy

(Address): 1031 Druid Hill St

18. BURIAL, CREMATION, OR REMOVAL: Ft. Auburn Cem. 4/15 1933

19. UNDERTAKER: Bernard Hensley

(Address): 81 E Druid Hill Ave

Registered 15 1933 H. Augustus Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

Sudden

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Bright M. D.

Coroner

(Address) 1 E Saratoga

Spec.—1-12-23—M&T—500 Blks.

E 89502

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89502

CERTIFICATE OF DEATH

160-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Sidney. Av. Westport 95-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma M. Kaline.

(a) RESIDENCE No. 2203 Sidney Av. Westport ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: — — — — —

6 DATE OF BIRTH (month, day, and year): March.14.1933.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md.

PARENTS

10 NAME OF FATHER: Bryan P. Kaline

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore. Md.

12 MAIDEN NAME OF MOTHER: Lydia A: Wholey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore. Md

14 Informant: Bryan P. Kaline

(Address): 2203. Sidney. Av.

15 [illegible] Registrar

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14 1933

17

I HEREBY CERTIFY, That I attended deceased from Mar 24 .1933. to Apr. 14 .1933.

that I last saw her alive on Apr 14 .1933

and that death occurred, on the date stated above, at 12 30 P. m

The CAUSE OF DEATH* was as follows:

Cerebral Haemorhage from. Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Breech Presentation.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What tests confirmed diagnosis? Clinical

(Signed) Augustine P. Von Schulz M.D.

. 19 At 618 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cem

DATE OF BURIAL: April 15 1933

20 UNDERTAKER: E Schloman & Son

ADDRESS, 1039 Edmondson Av

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89503

CERTIFICATE OF DEATH

130E 89503

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 N Patterson Park Ave St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Bertlein

(a) Residence: No. 141 N Pattersonpark Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Edw Bertlein

6. DATE OF BIRTH (month, day, year) 2/17/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Leidner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edw Bertlein
(Address) 141 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdale Date April 17, 1933

19. UNDERTAKER John Uhrich & Sons
(Address) 2008 Eastern Ave

20. FILED Washington Nat'l Assn

R 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7 1933 to April 14 1933

I last saw her alive on April 13 1933 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7th day
Hypostatic Pneumonia	2 days

Other contributory causes of importance:

acute Cardiac Dilatation 1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. [illegible] M.D.

(Address) 800 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89504

CERTIFICATE OF DEATH.

E 89504

REGISTERED NO. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3165 Highland Ave (St.) (Ward) 26-01

2-FULL NAME Christian L Burick

(a) RESIDENCE NO. 3165 Highland Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie L Burick

6 DATE OF BIRTH (month, day, and year): May 2 1866

7 AGE: Years 65 Months 11 Days 11 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager retired 2 yrs 686

(b) General nature of industry, business, or establishment in which employed (or employer): Broadway Ferry.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Christian L Burick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Kohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Harry L Burick

(Address) 216 S Broadway

15 Apr 15 1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/13 1933

17 I HEREBY CERTIFY, That I attended deceased from 4/4 1933, to 4/13 1933, that I last saw h[illegible] alive on 4/13 1933, and that death occurred, on the date stated above, at 4 AM m.

The CAUSE OF DEATH* was as follows:

Hemoplegia Apoplectic

(duration) yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Cerebral Embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What was there an autopsy?

What test confirmed diagnosis?

(Signed) Angelo Leader M. D.

Apr 14 1933 (Address) 3323 Gallows

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lehmanty Cem

DATE OF BURIAL: Apr 20 1933

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Eutaw

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 89505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89505

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Harlem Ave. St. 16-01 Ward)

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Hazel Pittman,

(a) Residence: No. 3028 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Asa M. Pittman,

6. DATE OF BIRTH (month, day, year) May 7. 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Merry Point Va.

FATHER

13. NAME James B. Slater,

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alma B. Edwards,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Asa M Pittman

(Address) 3028 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Merry Point Va Date APR 16 1933 19

19. UNDERTAKER Geo W Settles

(Address) 2700 Edmondson Ave.

20. FILED APR 15 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 15 1933 19

22. I HEREBY CERTIFY, That I attended deceased from 4/1/33 19 to 4/15/33 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Pregnancy

Name of operation Delivery Date of 4/14/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Berry M. D.

(Address) 9 S. W. Lombard

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89506

CERTIFICATE OF DEATH

1 59

REGISTERED NO. E 89506

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 S. Eaton ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Jackson

(a) RESIDENCE NO. 300 S Eaton ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 12 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Earl Lee Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pondsden, Md

12 MAIDEN NAME OF MOTHER Anna Sauerbrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Earl Lee Jackson

(Address) 300 S. Eaton St

15 Filed APR 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1933

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1933, to April 13, 1933, that I last saw her alive on April 12, 1933 and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Premature—7 months

Foetus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) T. B. Tilson, M. D.

4/13, 1933 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 4.15.33 19

20 UNDERTAKER: Martin Conroy — ADDRESS: 1102 Forrest st

A&Co. 5-31 250B

89507

HEALTH DEPARTMENT—CITY OF BALTIMORE

89507

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 3017 Eastern Ave St., Ward. 17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4 9 33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME John P Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mildred C Canitz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John P Smith
(Address) 3017 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Cremated
Place S B G H Date 4 9 1933

19. UNDERTAKER ...
(Address) Huntington Williams, Md

20. Filed ... 19... Registrar.

15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4 9, 1933 to 4-9, 1933
I last saw him alive on 4 9, 1933 death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Luten M. D.
(Address) South Baltimore Gen Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89508

CERTIFICATE OF DEATH

87-80 E 89508

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Otterbein St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Gray

(a) Residence: No. 222 Otterbein St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Gray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Patterson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maggie Brown

(Address) 610 Archer St

18. BURIAL, CREMATION, OR REMOVAL

Place St John's Cemetery Date 4/16 1933

19. UNDERTAKER Samuel P. Hemsley

(Address) 528 W. Fayette St

Huntington Village, Md.

Registrar.

4-15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 2139 Eastern Ave

M. D. B. 1268-9

E 89509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 89509

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Womans Hosp, Baltimore, Md

CITY OF BALTIMORE: (No. Lafayette & John St. 15-03 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/2 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Baby Boy Dockray (Twin #1)

(a) Residence: No. 3510 Dennlyn Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	—	—	2 hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Thomas Dockray

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ethel Mary Cassie

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Mrs Thomas Dockray
(Address) 3510 Dennlyn Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Inst. Date 4-13 1933

19. UNDERTAKER
(Address) Huntington Funeral Service, Md

4-15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 05 A.M 4-11, 1933, to 8 50 A.M 4-11, 1933

I last saw him alive on 4-11, 1933. Death is said to have occurred on the date stated above, at 8 50 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Premature Birth (3 mo) premature,	
Other contributory causes of importance: Respiratory failure.	

Name of operation None Date of 4-11-33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beverley C. Compton M. D.

(Address) Womans Hosp

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89510 E 89510

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Brantly St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Smith

(a) Residence: No. 1028 Brantly St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pgh

FATHER

13. NAME Robert M Smith

14. BIRTHPLACE (city or town) (State or country) Pgh

MOTHER

15. MAIDEN NAME Susan Wilson

16. BIRTHPLACE (city or town) (State or country) Pgh.

17. INFORMANT Howard Smith
(Address) 1028 Brantly Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Date 12/15/33

19. UNDERTAKER Mrs. George E. Kelly
(Address) 1021 Druid Ridge

20. FILED 19 Registrar

12 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from DEC. 6, 1933 to DEC. 12, 1933

I last saw her alive on DEC. 12, 1933 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Stomach	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Hamm M. D.

(Address) 627 Eutaw

AaCo. 5-31 250B

E 89511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 89511

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3318 Eastern Ave St., 7-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice A. Lewis

(a) Residence: No. 3012 Dillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry D. A. Lewis.

6. DATE OF BIRTH (month, day, year) May 6th 1889

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
43	44	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Robert A. Brundick

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Eliz. F. Fleming

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Henry D. A. Lewis
(Address) 3318 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 4/6/1933

19. UNDERTAKER Geo M. Zent & Son
(Address) 811 W Lafayette Ave

Huntington Williams, M.D.
Registrar.

1331933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1932, to April 4, 1933

I last saw h... alive on April 3, 1933 death is said to have occurred on the date stated above, at 12:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterine cervix	
Metastasis to Pelvis	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Hysterectomy Date of

What test confirmed diagnosis? Gyn'l Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schreiber, M. D.
(Address) 3322 Eastern Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89512

CERTIFICATE OF DEATH

59 E 89512

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2456 Callow Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna G. Katz

(a) Residence: No. 2456 Callow Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Katz

6. DATE OF BIRTH (month, day, year) Sept. 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Solomon Goldenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. B. Katz
(Address) 2456 Callow Ave.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Heb. Friendship Date Apr. 16, 1933

19. UNDERTAKER Harris, Sondheim & Son
(Address) 1902 Eutaw Place

Huntington Avenue, Md.

15 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1926 to April 14th 1933

I last saw her alive on April 14th 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Diabetes Mellitus	1926
Chronic Myocarditis	1930
Cerebral Thrombosis	Apl 14 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Eugene J. Leopold, M. D.

(Address) 200 W. Lafayette Ave

M. D. B. 1268-9

89513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 89513

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Urban

(a) Residence: No. 4021 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert S Urban

6. DATE OF BIRTH (month, day, year) Dec. 23, 1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Dennis Lonberger

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Potts

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Edgar C Urban

(Address) 3377 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date April 17, 1933

19. UNDERTAKER Henry W Watson & Son

(Address) ~~Washington Blvd~~

20. FILED Registrar.

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to April 15, 1933

I last saw h-- alive on April 15, 1933 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1
Other contributory causes of importance: Arteriosclerotic Cardio Vascular Disease	2

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Goodman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

89514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89514

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital,
CITY OF BALTIMORE: (No. Remington Ave. & Wyman Park Drive St., 12 Ward) Registered No. 186-801
(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Leonard A. Welty

(a) Residence: No. Sulphur Spring Road, Halethorpe St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Miller Welty

6. DATE OF BIRTH (month, day, year) February 5, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	50	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prohibition Service
10. Date deceased last worked at this occupation (month and year) April 3, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, District of Columbia

FATHER

13. NAME James Leonard Welty
14. BIRTHPLACE (city or town) (State or country) Gettysburg, Maryland

MOTHER

15. MAIDEN NAME Emma Speaks
16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Records, U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Nat Cem. Date 4/17/33
To D. Ruppel
19. UNDERTAKER Harry G. Lumsden
(Address) 401 E. Lanvale St.
Baltimore, Md.

20. FILED 4/15/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933 to April 13, 1933
I last saw him alive on April 13, 1933 Death is said to have occurred on the date stated above, at 7 A am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of tibia & fibula	4-3-33
Accidental. Fell.	
Coroner's Case 5/14/33	
Other contributory causes of importance:	
Embolism, pulmonary	4-12

Name of operation ---- Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. M. Townsend, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Blks.

E 89515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89515

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 W Mulberry ST., 4-21 WARD)

(Monica)

2-FULL NAME .....

(a) RESIDENCE NO. 515 W Mulberry ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-14-33

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Murtica

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Abbona

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant .....

(Address) .....

15 Filed ..... 19 ..... Registrar

5 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14 1933

17

I HEREBY CERTIFY, That I attended deceased from 4-4-, 1933, to 4-14, 1933.

that I last saw h alive on 4-14, 1933

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

*premature birth

*placenta previa

(duration) ..... yrs. 5 mos 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Bruno M. D.

, 19 (Address) medical arts bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	April 15 1933

20 UNDERTAKER .....

ADDRESS .....

M. D. B. 1268-0

E 89516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89516

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 17-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Talbot

(a) Residence: No. 628 Oak St St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-7-1[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co, Md.

FATHER

13. NAME Wisley Talbot

14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

MOTHER

15. MAIDEN NAME Fannie Brown

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co, Md

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn 4-15-33

19. UNDERTAKER Daniel Easton (Address) 226 Pa Ave Huntingdon Williamsport Md

15 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-33

22. I HEREBY CERTIFY, That I attended deceased from 4-[illegible]-33 to 4-13-33

I last saw h[illegible] alive on 4-13-33 Death is said to have occurred on the date stated above, at 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	?
Hypertension	1

Other contributory causes of importance: arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. (Specify)

4-14-33 (Signed) Elmer Hibbs M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89517

CERTIFICATE OF DEATH

163

E 89517

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward) 12-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold P. Covington

(a) Residence: No. 1315 N. Calvert St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jany 17 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Any

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank H Covington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice H Garlant

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Alice H Covington

(Address) 1315 N. Calvert

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Apr 15 1933

19. UNDERTAKER John O. Mitchell & Son

(Address) 1910 Eutaw Place

20. FILED Apr 14 1933 Registrar

157933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mercury Poison Suicide While Insane	4 9 33
Other contributory causes of importance: Mental Despondance	about 72

Name of operation None Date of .....

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ... 19 ...

Where did injury occur? April 9 1933
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M. Hanton Coroner, M. D.

(Address) 1006 Chase

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89518

CERTIFICATE OF DEATH

46 VE 89518

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp (Ward) 17-94
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas White (W. Franklin St.)

(a) Residence: No. 212½ Fawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah White

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry White

14. BIRTHPLACE (city or town) (State or country) V.A.?

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) V.A.

17. INFORMANT Records Baltimore City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 15th 1933

19. UNDERTAKER E. O. Wilson
(Address) 1000 Brantley ave

5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1930 to April 10 1933
I last saw h[illegible] alive on April 10 1933 Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932
Other contributory causes of importance:	
Anaemia, Secondary	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magruder M. D.

(Address) Baltimore City Hosp

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 89519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89519

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2650 Edmondson Ave) Ward 26-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Weigand

(a) Residence: No. 2650 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Weigand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Braun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise M Weigand

(Address) 2650 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date April 17, 1933

19. UNDERTAKER Wm Fickus Sons

(Address) North & Pa ave

20. FILED ..... 19..... .....
Registrar.

R 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to April 14 1933

I last saw h[illegible] alive on April 14 1933 Death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
Arteriosclerosis	1928
Other contributory causes of importance: Coronary Thrombosis	4/11/33

Name of operation ..... Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert F. Hellmann M. D.

(Address) 6 East Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89520

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac H. Hill

(a) Residence: No. Dorsell, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) ~~WIFE~~ of Mary Hill

6. DATE OF BIRTH (month, day, year) July 12/71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boatswain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Hill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosanna

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cabart Co Md Date 4/18, 1933

19. UNDERTAKER Robt Brooks & Son
(Address) Calvin Hollins asst

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1933 to 4/15, 1933

I last saw h~~im~~ alive on 4/15, 1933 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 4/4/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Gundrum M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 89521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89521

E 89521

CERTIFICATE OF DEATH

XV46

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Kate E. Young

(a) Residence: No. Bel Air Md St., ... Ward. Bel Air Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Young

6. DATE OF BIRTH (month, day, year) April 17, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	2829	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown, Penn.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Jacob House Middletown Penn

MOTHER

15. MAIDEN NAME Annie Brant

16. BIRTHPLACE (city or town) (State or country) Middletown, Penn.

17. INFORMANT Mr. Walter B. Young

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date April 17 1933

19. UNDERTAKER Dean & Foster

(Address) Bel Air Md

FILED APR 18 1933 Harrington Williams Registrar.

PR 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933, to April 15, 1933

I last saw her alive on April 14, 1933 Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Iliocecal region	Aug 1932
Myocardial failure	Mar 1933

Other contributory causes of importance:

1. Exploratory laparotomy; appendectomy 1-15-33

Name of operation 2. " " " Date of 3-8-33

What test confirmed diagnosis? Pathol. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grant [illegible] M. D.

(Address) Union Memorial Hospital

M. D. H. 1268-9

89522 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E-89522

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 N. Calvert St., 12-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Myrtle Berchdorf

(a) Residence: No. 2217 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frederick C. Berchdorf

6. DATE OF BIRTH (month, day, year) July 11 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cransville, W. Va.

FATHER

13. NAME Notley B. Browning

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Susan Fitchner

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Miss Maud L. Berchdorf 2217 N. Calvert St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Terra Alta W. Va. Date. April 16 1933

19. UNDERTAKER Wm. Pickney Sons. (Address) North & Paca St.

20. FILED APR 16 1933 . 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19..... to ..... . 19.....

I last saw h..... alive on ..... . 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Horner Coroner . M. D.

(Address) 2632 Orland ave.

M. D. B. 1268-9

89523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89523

CERTIFICATE OF DEATH

33-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Erlbeck

(a) Residence: No. 27 Belnord Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Erlbeck.

6. DATE OF BIRTH (month, day, year) April 22 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 ~~yrs~~	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. If actually at work, give date when last worked at this occupation (month and year) April 29 32 Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gilbert Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Denney

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT John E Erlbeck
(Address) 27 N Belnord ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 17 1933

19. UNDERTAKER Frank V Pikitone
(Address) 2518 E Balto st

20. FILED [illegible] 19 [illegible]

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/8/33, 19, to 4/14/33, 19

I last saw h alive on April 14, 1933. Death is said to have occurred on the date stated above, at. 430 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myeloid Leukemia	
Cardio-Renal Vascular Disease - Hypertension Type	

Other contributory causes of importance:

Secondary Anemia

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kermode, M. D.

(Address) St Josephs Hosp

M. D. R. 1268-A

E 89524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89524

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Collington ave St., 6-W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Smith

(a) Residence: No. 18 N. Collington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian

6. DATE OF BIRTH (month, day, year): 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mendle Smith

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie Samuels

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs. Lillian Smith

(Address) 18 N. Collington ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Rosedale Date: April 16, 1933

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E. Baltimore st.

20. FILED 19 Registrar

APR 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 '33, 19 to April 15, 1933

I last saw ~~him~~ alive on April 15, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocarditis & Chronic	1
Other contributory causes of importance:	
Arteriosclerosis	20

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W. J. Gray M. D.

(Address) 622 Windsor ave

M. D. B. 1268-9

89525 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89525

CERTIFICATE OF DEATH

46

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital S 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

2. FULL NAME John Elfont

(a) Residence: No. 5502 Stewart Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Elfont

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Theodore Elfont

(Address) 5502 Stewart Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wash Rd Cemetery Date 4/16/33

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

20. FILED APR 16 1933 Huntington Title and Trust Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to April 14 1933

I last saw him alive on April 14 1933 Death is said to have occurred on the date stated above, at 12:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 14

Other contributory causes of importance:

Carcinoma Pancreas (Head)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Lejun M. D.

(Address) Sinai Hospital

M. D. B. 1264-0

89526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89526

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wyman Park Apt St. 12-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth 72 yrs. 9 mos. 18 ds.

2. FULL NAME Leonard Benjamin Reeder

(a) Residence: No. Wyman Park Apt St., 12 Ward. Resident.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Martha C. Reeder

6. DATE OF BIRTH (month, day, year) June 28 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72	9	17/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Business

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Reeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Sherlock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs M. C. Reeder (wife)

(Address) Wyman Park Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Fernwood Date April 19 1933

19. UNDERTAKER Stewart & Co

(Address) Fernwood Ave.

APR 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1933

22. I HEREBY CERTIFY, That I attended deceased from January 26 1933 to April 15 1933

I last saw him alive on April 14 1933. Death is said to have occurred on the date stated above, at 4¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	1925
Prostatic Hypertrophy	1925
Myocarditis	1933

Other contributory causes of importance:

Anemia	4/11/33

Name of operation Supra-pubic cystotomy Date of 3/1/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hubert F. Sullivan M. D.

(Address) 6 E. Preston St

Spec.—2-29-28—L. F. S.—500 Bks.

E 89527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89527

CERTIFICATE OF DEATH

117-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 622 Lamens ST. 14-21 WARD)

2—FULL NAME Barbara Martha Hess

(a) RESIDENCE NO. 622 Lamens st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Hess

6 DATE OF BIRTH (month, day, and year) June 18th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Frank Balladarsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Andrew J. Hess

(Address) 622 Lamens st

15 APR 16 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13th 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to Apr. 13 1933

that I last saw h[illegible] alive on Apr. 13 1933

and that death occurred, on the date stated above, at 3.18 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach (Duodenum) (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical Exam

(Signed) Paul Brown, M. D.

3/14, 1933 (Address) 1663 W. North Av.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 4 | 17 | 33

20 UNDERTAKER Jno. Wiler & Son

ADDRESS 2503 Edmondson Ave

M. D. B. 1268-9

89528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89528

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 E. Randall St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret C. Brannan

(a) Residence: No. 49 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 19-1905

7. AGE — Years: 27 | Months: 5 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: James J. Brannan

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Margaret Cleary

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Jas. J. Brannan
(Address) 49 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Apr. 17- 1933

19. UNDERTAKER: Maggart & Flynn
(Address) 423 Druid Hill Ave

20. FILED APR 16 1933 Huntington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 1933, to April 14th, 1933

I last saw her alive on April 13th, 1933. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mitral regurgitation finally of heart	11 years before death

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Kleibel M. D.

(Address) 1124 E. Hanover St

M. D. B. 1268-9

89529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89529

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19...

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

D 16 1033

M. D. B. 1268-9

E 89530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89530

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Shirley ave Hairdale St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Margaret Ries

(a) Residence: No. 2905 Shirley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John A Ries

6. DATE OF BIRTH (month, day, year) January 30 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Geo. Lambert

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Mary Magdalen Burkhardt

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT A. F. Ries
(Address) Northern Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 1933

19. UNDERTAKER Otis Herring
(Address) 2016 Eutaw St

20. FILED Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from during, 1928, to Apr. 14th, 1933

I last saw h~~er~~ alive on Apr. 12th, 1933 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Apr. 14/33
Myocardial degeneration	Several
arterio-sclerosis	years.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Ries M. D.

(Address) 24 S. Bway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89531

CERTIFICATE OF DEATH

E 89531

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 2-4-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eunice P Whitmore

(a) Residence: No. 1439 Covington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J Howard Whitmore

6. DATE OF BIRTH (month, day, year) April 13 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 03

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lockets Co Md

13. NAME Asbury Jones

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca Ellicott

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J Howard Whitmore

(Address) 539-20

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Charles Co Date 4/16, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19..... , to ..... , 19.....

I last saw h..... alive on ..... , 19..... Death is said to have occurred on the date stated above, at 4.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Self Inflicted Abortion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Bruning M. D.
Coroner

(Address) 1325 N Patterson Park

M. D. B. 1268-9

E 89532 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89532

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Maryland Gen. Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Old Ward

Length of residence in city or town where death occurred 24 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Della

(a) Residence: No. 3607 Garrison Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Della

6. DATE OF BIRTH (month, day, year) May 8 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Peter D. Della

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emily A. Ross

16. BIRTHPLACE (city or town) (State or country) Prince Geo's Co Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date April 18 1933

19. UNDERTAKER John F Denny

(Address) 2157 Gay St

20. FILED APR 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1933 to 4-14 1933

I last saw h[illegible] alive on 4-14 1933 Death is said to have occurred on the date stated above, at 4[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	

Other contributory causes of importance:

Myocarditis c failure

Name of operation None Date of .....

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M.D.

(Address) Md. Gen. Hospital

Spec.—1-30—M. & T.—250 Bks.

E 89533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89533

CERTIFICATE OF DEATH.

REGISTERED NO. 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Fernhill Ave ST. 28-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Raymond Whitney Jr.

(a) RESIDENCE NO. 4220 Fernhill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 29 1906

7 AGE: Years 26 | Months 5 | Days 16 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt. Rug Cleaning Plant

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER G. Raymond Whitney

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Schlinging

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant G Raymond Whitney (Address) 4220 Fernhill Ave

15 Filed APR 16 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15-1933

17 I HEREBY CERTIFY, That I attended deceased from April, 1932, to April, 1933, that I last saw h/m alive on April 14, 1933, and that death occurred, on the date stated above, at 1204 m.

The CAUSE OF DEATH* was as follows:

Acute Caseous Lobar Pneumonia with Cardiac Dilatation

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) 4 yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-Ray etc

(Signed) H Clement, M. D.

, 19 (Address) 4710 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: April 17. 1933

20 UNDERTAKER: Josiah Offer — ADDRESS: 1600 W. North ave

89534

Sp—3-21—E.B.R.S.—400 Bks.

E 89534

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 818 N. Brice St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Alvin Stevens

(a) Residence No. 818 N. Brice St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed or divorced HUSBAND of (or) WIFE of: Anna Stevens

6-DATE OF BIRTH (month, day and year): June 5, 1890

7-AGE: 42 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

059

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Wm. Stevens

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Frances M. Griffith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland.

14- (Informant): Anna Stevens

(Address): 818 N. Brice St.

15- Filed 4/16 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 15, 1933

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1933 to April 15, 1933

that I last saw him alive on April 15, 1933

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

4/15, 19[illegible] (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. — DATE OF BURIAL: April 18, 1933

20-UNDERTAKER: Josiah Sypher — ADDRESS: 1[illegible] N. North Ave

M. D. B. 1268-9

89535 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89535

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Mondawmin Ave. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel A. Sexton

(a) Residence: No. 3436 Mondawmin Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F. Sexton.

6. DATE OF BIRTH (month, day, year) April 4th. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME William Carter

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas F. Sexton

(Address) 3436 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 17th. 1933

19. UNDERTAKER Chas. H. Davis & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED APR 15 1933 Huntington Pallbearers, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1933 to April 14 1933

I last saw h[illegible] alive on April 14 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a. Interstitial Nephritis	1932
Endocarditis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. V. Billups M. D.

(Address) 2224 W. Mosher

M. D. B. 1268-9

89536 89536

HEALTH DEPARTMENT—CITY OF BALTIMORE 89536

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2900 Walbrook Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Bartling

(a) Residence: No. 2900 Walbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward C. Bartling

6. DATE OF BIRTH (month, day, year) September 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	6	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME William Kreusler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Marie Zimmerman
(Address) 2900 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Apr. 17, 1933

19. UNDERTAKER Joseph Cook
(Address) 1903 E. Baltimore St.

20. Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933 to Apr 14, 1933
I last saw her alive on Apr 14, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	
Other contributory causes of importance:	
Diabetes mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ernest H. Pelouze M. D.

(Address) 3005 W. North Ave

M. D. B. 1268-9

89537 HEALTH DEPARTMENT—CITY OF BALTIMORE 89537

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 4-C Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Finney

(a) Residence: No. 743 W. Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	M

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Johnson

6. DATE OF BIRTH (month, day, year) July 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~64~~ 61	~~64~~	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Finney

14. BIRTHPLACE (city or town) (State or country) Un none

15. MAIDEN NAME Un none

16. BIRTHPLACE (city or town) (State or country) Un none

17. INFORMANT Minnie Sykes
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date April 17th 33

19. UNDERTAKER E. Hoy J. Wilson
(Address) 1000 Bramble Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1933 to 4/13 1933

I last saw him alive on 4/13 1933 Death is said to have occurred on the date stated above, at 6.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	4/4/33
Other contributory causes of importance:	
arterio-sclerosis	5 Mos.
Hypertention	
Myocarditis	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker

M. D. B. 1268-9

E 89538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89538

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Lanvale St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Saunders

(a) Residence: No. 605 Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Saunders

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William H. Rose

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rosie Rose

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rosie Rose

(Address) 644 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 17, 1933

19. UNDERTAKER Elroy T. D. Wilson

(Address) 1510 Brantley Ave

20. FILED APR 16 1933 D. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 14, 1933

I last saw her alive on April 12, 1933 Death is said to have occurred on the date stated above, at 11.35 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hearn E. Hamm M. D.

(Address) 627 Lanvale

Cor.—12-9-25—A Co.—200 Bks.

E 89539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89539

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. So. Balto. Gen'l. Hosp. St. 245-41 Ward)

2-FULL NAME Ernest J. Steyer

(a) RESIDENCE NO. 1509 Locust St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 18th, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	3	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Joseph Steyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hungary

12 MAIDEN NAME OF MOTHER Teresa Tzercz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungary

14 Informant Joseph Steyer

(Address) 1509 Locust St.

15 Filed ..... 19 .....

R 161033

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Fractures

Shock (duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) ....yrs. ....mos. 1 ds.

(Signed) Joseph Pokorny M. D.
(Coroner)

, 19 (Address) 2205 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. 1 ds. In the State 3 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Struck by auto while running across Pennington Ave nr

Former or usual residence Hazel St. 4/13/33

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial 4/17/1933

20 UNDERTAKER E. I. FANNING & Son ADDRESS 1938 E. Lafayette

M. D. B. 1268-9

89540 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89540

CERTIFICATE OF DEATH

V 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary St., 237-01 Ward)
Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Rosendale

(a) Residence: No. 380 Fleetwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Rosendale

6. DATE OF BIRTH (month, day, year) Aug. 19 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman 66

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Howard Furniture Co

10. Date deceased last worked at this occupation (month and year) Jan. 33

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Christopher Rosendale

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Rosemer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 17 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED APR 17 1933 Huntington Millinery Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933, to April 14, 1933

I last saw him alive on April 14, 1933. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	9/1/32
Other contributory causes of importance: Metastasis of Carcinoma of Pancreas to Liver	1/1/33

Name of operation Exploratory Laparotomy Date of Op. 3-2

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Richard C. Cumming, M. D.

(Address) The Church Home and Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89541

89541

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital 89-001 Registered No.

CITY OF BALTIMORE: (No. 27-09 St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bruce Mehlers

(a) Residence: No. 732 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph L Mehlers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ethel Leggett

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo L Mehlers
(Address) 732 N Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED April 17 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to April 15, 1933

I last saw him alive on April 15, 1933 Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (Medical) Ruptured Appendix	April 7
Streptococcus Meningitis	April 6

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry LaForce, M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

89542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89542

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 W. 27th St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Fowler

(a) Residence: No. 125 W. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Edward E. Fowler

6. DATE OF BIRTH (month, day, year) Oct 5th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME George R. Hamilton

14. BIRTHPLACE (city or town) (State or country) Towson Md

MOTHER

15. MAIDEN NAME Elizabeth W. Watkins

16. BIRTHPLACE (city or town) (State or country) Towson Md

17. INFORMANT H. M. Blattenberger

(Address) 125 W. 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place Govans Presbyterian Date April 17th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~Jan~~ 1933 Registrar

APR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933 to April 13, 1933

I last saw h~~er~~ alive on April 13, 1933 Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 10
Exhaustion Psychosis	

Other contributory causes of importance:

Myocarditis
Hypertension
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, ~~state~~(y)

(Signed) J. H. Chandler M. D.

(Address) 4037 Falls Road

M. D. H. 1268-9

E 89543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89543

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH St Joseph's Hosp 26-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary C. Plumhoff

(a) Residence: No. 118 N. Clinton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, ~~widowed, or divorced~~ (or) WIFE of John H. Plumhoff

6. DATE OF BIRTH (month, day, year) April 19 1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	48	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Henry Hugel

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Franck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John H. Plumhoff

(Address) 118 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Apr 18 1933

19. UNDERTAKER Wm Cook

(Address) 1217 Eutaw St

20. FILED APR 17 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10 1933 to April 15 1933

I last saw her alive on Apr 15 1933 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	
Cerebral Hemorrhage	4/14/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. M. Magruder M. D.

(Address) St Josephs Hospital

E 89544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89544

V 11-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 434 E. 20th St., 47-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Ann McDonald

(a) Residence: No. 434 E. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of Patrick J. McDonald

6. DATE OF BIRTH (month, day, year) Aug 31st 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Barney Owens
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Cassidy
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John V. Gray
(Address) 434 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fort Ave

20. FILED ... 19... for ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933 to April 15, 1933
I last saw h... alive on April 15, 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Mch 1
Other contributory causes of importance:	
Fatal Pneumonia	April

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Hugh Forsythe M. D.
(Address) 1424 Eutaw Pl.

M. D. B. 1268-9

E 89545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89545

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Carolyn Cooper

(a) Residence: No. 4408 Belleview Ave St., West Arlington, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Aug 23rd 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James C. Cooper

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah J Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimor Md

17. INFORMANT Arthur Emerson

(Address) 3104 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/18 19 33

19. UNDERTAKER William Cook

(Address) 1717 St Paul St

20. FILED 17 1933 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13 1933 to April 15 1933

I last saw her alive on April 15 1933 Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Carcinoma (scirrhous) of left breast	?
2) Metastases to liver	?
Other contributory causes of importance:	
Toxaemia	?
Ind anaemia	?

Name of operation Radical mastectomy Date of 2-20-32

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W W Wagneller M. D.

(Address) St Josephs Hospital

E 89546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89546

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Lucke

(a) Residence: No. 30 Lang[illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~the WIFE of~~ Fennie L. Lucke

6. DATE OF BIRTH (month, day, year) Sept 14th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Lucke

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Hartline

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Fennie L. Lucke

(Address) 1310 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 19th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar

4/1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to April 16, 1933

I last saw h[illegible] alive on April 16, 1933. Death is said to have occurred on the date stated above, at 7.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma (Cancer)	17 yrs
Omental Metastases	1 yr.

Other contributory causes of importance:

Lumbar Anemia	
Malnutrition	

Name of operation Exploratory Date of June 1932

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Saunders Jr M. D.

(Address) University Hospital

M. D. R. 1281-4

E 89547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89547

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Montgomery.

(a) Residence: No. 103 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~not married~~ Eva Montgomery

6. DATE OF BIRTH (month, day, year) Nov 12th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George A. Montgomery

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

15. MAIDEN NAME Mary E. Nelson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Maude Montgomery

(Address) 431 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 18th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~April~~ 17 1933 ~~Clinton Williams~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13. 1933 to April 15. 1933

I last saw h.i.m alive on April 15. 1933. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type IV) Middle + Lower Lobes - right	Apr 12
Other contributory causes of importance: Pneumococcus (Type IV) Septicaemia.	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Savage M. D.

(Address) Univ Hosp.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89548

E 89548

CERTIFICATE OF DEATH.

V 93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Cator Ave. ST., 9-01 WARD)

2-FULL NAME Robert Stanford Rosewag

(a) RESIDENCE NO. 700 Cator Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lainie Duvall

6 DATE OF BIRTH (month, day, and year) Aug. 24-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	69	8	7 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Copper & Tubing &

(b) General nature of industry, business, or establishment in which employed (or employer) Packer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER Godfrey Rosewag

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germony

12 MAIDEN NAME OF MOTHER Priscilla Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Hartford County (State or country) Md. U.S.A.

Informant Walter E. Rosewag

(Address) 700 Cator Ave.

Filed APR 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1933

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to April 16, 1933, that I last saw him alive on April 16, 1933 and that death occurred, on the date stated above, at 2.40 A. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis.
Myocarditis.

(duration) 10-15 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis J Ellis, M. D.

, 19 (Address) 616 Dumbarton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL April 18th 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1268-9

E 89549

89549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hosp (or) 77-41 Ward)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Hanley

(a) Residence: No. 4906 Roso / Rd., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 13, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Hetzelberger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 17 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 18 1933 Registrar.

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1931 to April 16, 1933

I last saw h[illegible] alive on April 16, 1933 Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic - Hypertensive Heart Disease	?

Other contributory causes of importance:

Cerebral Hemorrhage	4-11-33
Bronchopneumonia	Terminal

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magill M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-9

89550 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89550

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Barclay St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael a McCormick

(a) Residence: No. 2523 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Annie T. McCormick

6. DATE OF BIRTH (month, day, year) Jan 20 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year) April 11-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Andrew McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Mallhews

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs C. McCormick
(Address) 2523 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date April 15 19 33

19. UNDERTAKER Mary M Medford
(Address) 901 E 22nd St

20. FILED ... 19... Registrar.

171933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to April 14, 1933

I last saw h[illegible] alive on April 14 1933 Death is said to have occurred on the date stated above, at 7.55 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Dilatation of Heart	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald F Conn M. D.

(Address) 414 E North Ave

M. D. B. 1268-9

89551 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89551

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. - mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bertha L. Weber

(a) Residence: No. 4607 Roland Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F Weber

6. DATE OF BIRTH (month, day, year) Jan 15, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	-	2	30

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Maj. O. Lewis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amanda J. Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frederick L Weber

(Address) Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 17, 1933

19. UNDERTAKER Henry H. Jenkins' Sons

(Address) McCulloh & Orchard Sts.

20. FILED 17 1933 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932 to April 14, 1933.

I last saw her alive on April 13, 1933. Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Myocarditis	
Atherosclerosis	
Heart Block	
Other contributory causes of importance:	
H. Coroner	
J. Mooreley	

Name of operation ..... Date of .....

What test confirmed diagnosis? Cancer? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Woody M. D.

(Address) 140 Stark Ave.

Spec.—1-10-21—M&T—1500 Bks.

39552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89552

CERTIFICATE OF DEATH.

√ 46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 N. Caroline ST., 9-01 WARD)

2-FULL NAME Henry Conrad Becker

(a) RESIDENCE NO. 1622 N. Caroline ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Becker

6 DATE OF BIRTH (month, day, and year) Aug 10, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	5—6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Henry Becker.

11 BIRTHPLACE OF FATHER (city or town) Marburg (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Plack

13 BIRTHPLACE OF MOTHER (city or town) Marburg (State or country) Germany.

14 Informant (Address): Mr. Albert Hardwick. 916 E. 20th St. —

15 Filed ... 1933 ... Huntington ... Williams ... B...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1933

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1933; to April 16, 1933, that I last saw h[im] alive on April 15, 1933, and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of ... — ...

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Chas Wellford Stewart, M. D.

4/16 1933 (Address) 1738 E. 28th St. —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. A. Pickney Sons — DATE OF BURIAL: Apr 19 1933

20 UNDERTAKER: North & Penwalves — ADDRESS: North & Pa

London Park Ave

89553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89553

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Juniper Road St. 12-01 Ward)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen S. Davis

(a) Residence: No. 3805 Juniper Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of S. Griffith Davis

6. DATE OF BIRTH (month, day, year) Oct 17th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Francis B. Loney

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie E. Keller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dr. B.S.L. Davis

(Address) 3805 Juniper Road

18. BURIAL, CREMATION, OR REMOVAL Md.

Place Specutia, Harford Co. Date 4/17 1933

19. UNDERTAKER ...

(Address) ...

20. FILED 17 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 . 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1 . 1933. to April 14 . 1933.

I last saw her alive on April 14 . 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar	Apr. 10

Other contributory causes of importance:

Arterio-sclerosis	Indefinite
Chronic ulcerative colitis	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Zach. B. Morgan M. D.

(Address) 6 E. Read St., Baltimore, Md.

M. D. B. 1268-9

E 39554 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89554

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 11 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Ward

(a) Residence: No. 1603 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	W

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marguette Ward

DATE OF BIRTH (month, day, year) Jan-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	65	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) King & Queen Co
(State or country) Virginia

13. NAME Chas. Ward

14. BIRTHPLACE (city or town) King & Queen Co.,
(State or country) Virginia

15. MAIDEN NAME Jennie Brumley

16. BIRTHPLACE (city or town) King & Queen Co.,
(State or country) Virginia

INFORMANT George B. Holmes
(Address) 1603 W. Mulberry st

BURIAL, CREMATION, OR REMOVAL
Place Bonnet Hill Cemetery

UNDERTAKER Thomas E. Watson & Son
(Address) 1004 Carrollton Ave

FILED 1 7 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1933, to 4/15, 1933

I last saw him alive on 4/15, 1933. Death is said to have occurred on the date stated above, at 12.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4/11/33
Acute Urinary Retention	4/14/33
Enlarged Prostate	2mk
Cardiac Asthma	2mk
Other contributory causes of importance:	
Hypertention	2mk
Senility	2mk
Arteriosclerosis	2mk

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carson C. Johnson, M. D.

(Address) 632 Baker st

M. D. B. 1268-9

Carrie Martin

E 89555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89555

CERTIFICATE OF DEATH

V 176

1. PLACE OF DEATH Balto city Hospitals

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie, Martin

(a) Residence: No. 507 Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Mother's

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pleasant Martin

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years 45-55 | Months — | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Elizabeth Bloch

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount N. C. Date April 15, 1933

19. UNDERTAKER: Adolphus Hollstead

(Address) Greenmount Cemetery Baltimore Md

20. FILED 4/17/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1933 to 4-14, 1933

I last saw h[illegible] alive on 4/14, 1933 Death is said to have occurred on the date stated above, at 7:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Salpingitis with Peritonitis	3/14/33
Other contributory causes of importance: Post operative Shock	1 day
Name of operation Colpotomy	Date of 4/13/33
What test confirmed diagnosis? Autopsy	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Boyce Thompson M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

E 89556

HEALTH DEPARTMENT—CITY OF BALTIMORE

89556

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 232 N. Rose St., 6-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Benjamin H. Sunderland

(a) Residence: No. 232 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elista Wandby

DATE OF BIRTH (month, day, year) Dec 23/1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Basce Sunderland

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Mrs. Elist M. Wandby
(Address) 14 S. Robinson St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date April 17, 1933

UNDERTAKER Wendell J. Tyler
(Address) 300 S. Smallwood St

APR 17 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Apr 12/33

Other contributory causes of importance:

Alcoholism (Acute)

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: probably accident
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? 232 N. Rose St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down stairs

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E. Mt...

M. D. B. 1930

89557

26932 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

89557

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Woods

(a) Residence: No. 533 Aisquith St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumpman feed house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 240

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Thos Woods

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ella May Barker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place asbury cemetery Date april 17 1933

19. UNDERTAKER Edw Bryan

(Address) 1691 orleans st

20. FILED ..... 19 ..... $ ..... Registrar.

171091

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to April 11, 1933.

I last saw h[illegible] alive on April 11, 1933. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/26/33
Empyema	
Brain abscess	

Other contributory causes of importance:

Pulmonary Tuberculosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

89558 Bradtroft (Bredehoeft) E 89558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lily Bredehoft

(a) Residence: No. 3412 E Hamilton Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed 2-1870

7. DATE OF BIRTH (month, day, year): April 2 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	—	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Wm J Westerman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine E Killian

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Louise A Wolfe

(Address) 5347 Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: Apr 20 1933

19. UNDERTAKER: John Ulrich Sr

(Address) 2008 Ellamont St

20. FILED: APR 17 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 15, 1933

I last saw h.. alive on April 15, 1933. Death is said to have occurred on the date stated above, at 12.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	

Other contributory causes of importance:

Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kornack, M. D.

(Address) St Agnes Hosp

AACo. 5-11-2500

89559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89559

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Jenkins Memorial Hosp. 10 Ward

CITY OF BALTIMORE: (No.) 1000 Caton Ave. St.,

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Salvatore Campanella

(a) Residence: No. 803 Ensor St. City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 24-1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28 yrs.	3	21 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Salvatore

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Providenza Di Domenico

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 18 1933

UNDERTAKER John Ledrick
(Address) 2002 Aliceanna

FILED APR 17 1933 Huntington Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st., 1932 to April 15th, 1933

I last saw him alive on April 14 1933 death is said to have occurred on the date stated above, at 6.53 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	
Terminal Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. Albert Vanderpool, M. D.

(Address) 8 E. Eager St

M. D. B. 1268-9

89560 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89560

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth R. Wilcox

(a) Residence: No. 3006 Ailsa Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Wilcox

6. DATE OF BIRTH (month, day, year) Dec. 29 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME Charles Roth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Buschmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Russell G. Wilcox

(Address) 3006 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 18, 1933

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave

20. FILED ..... 19.. Registrar.

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933 to April 16, 1933

I last saw h[illegible] alive on April 16 1933 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April
Arteriosclerosis	
Cerebral Hemorrhage	
Cardiac Hypertrophy & Dilatation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Lemm M. D.

(Address) Sinai Hospital

H. D. B. 1268-9

89561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89561

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Providence Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Hanover St.) (16 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clarence Parsley

(a) Residence: No. 543 W. Carrollton Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) last ..

AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George W Parsley

14. BIRTHPLACE (city or town) (State or country) Kingston Jamaica

15. MAIDEN NAME Mary Trousby.

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT William Parsley

(Address) 543 W. Carrollton Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 18. 1933

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman st

R171033 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3 . 1933. to 4-15-33 . 1933

I last saw him alive on 4-15 . 1933. Death is said to have occurred on the date stated above, at 3.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	4-13

Other contributory causes of importance:

Bronchi - Pneumonia	3-30

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. T. Harris . M. D.

(Address) Providence Hospital

M. D. B. 1268-9

89562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121E 89562

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. Unknown mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Howley

(a) Residence: No. 3600 Foster Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Howley.

6. DATE OF BIRTH (month, day, year) June 10 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Agnes Howley (Wife)

(Address) 3600 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathederal Date Apr. 18 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 426 St Wolfe St.

FILED R 17 1933 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10 1933 to April 15 1933

I last saw h.... alive on April 15 1933 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cardiac Failure	4-11-33
Other contributory causes of importance:	
chronic heart disease	
chronic appendicitis	

Name of operation Appendectomy Date of 4-12-33

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Cohen M. D.

(Address) Sinai Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89563

CERTIFICATE OF DEATH

85E 89563

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Conkling St. St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALVINA BETTY WESTERMAN.

(a) Residence: No. 713 S. Conkling St. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Aug. 8 1911.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Charles. A. Westerman.

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

15. MAIDEN NAME Margaret Matens.

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

INFORMANT Margaret Westerman (Mother)

(Address) 713 S. Conkling St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Apr. 17 '33

UNDERTAKER Lilly & Geiler Inc.

(Address) 403 S. Wolfe St.

PR 17 1933 Huntington Whitacre

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at 12-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N. Fulton Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89564

CERTIFICATE OF DEATH

89564

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S. Glover St. St., 1-01 Ward)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MINNIE WILMERING.

(a) Residence: No. 523 S. Glover St. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Frank Wilmering.

DATE OF BIRTH (month, day, year): May 17 1864.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Germany.

13. NAME: ? Kohlmann.

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Don't Know.

16. BIRTHPLACE (city or town) (State or country): Germany.

INFORMANT: Bernard Wilmering(Son)

(Address): 523 S/ Glover St.

BURIAL, CREMATION, OR REMOVAL

Place: Trinity Cem. Date: April 17 19 33

UNDERTAKER: Lilly & Feiler Bros.

(Address): 403 S. Wolfe St. Huntington, W. Va.

FILED APR 17 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to April 13, 1933

I last saw her alive on April 13, 1933. Death is said to have occurred on the date stated above, at 11:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Feb 28. 33

Other contributory causes of importance:

Arteria Sclerosis	2

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otha A Schaefer, M. D.

(Address) 419 W Mulberry St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89565 E 89565

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 26-01 Registered No. 124-001

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Bowling (Bowling)

(a) Residence: No. 407 N. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-10-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Bowling

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Sullivan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Apr. 19, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 W. Mulberry St.

FILED ..... 19..... Lexington 1700

PR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1933 to 4-16, 1933

I last saw h... alive on 4-16, 1933 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Esophageal Varices	
Other contributory causes of importance:	
Myocardial Failure	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Thomas Lafaye M. D.

(Address) Balto City Hosp

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89566

CERTIFICATE OF DEATH

117-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick J. McGuire

(a) Residence: No. 3614 E Hoffleton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 28 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	60	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Michael McGuire

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Mulryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date April 17 1933

19. UNDERTAKER Leonard Hayes
(Address) 5305 Harford Rd.

FILED ..... 19 ..... Registrar

APR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1933 to 4/16 1933

I last saw him alive on 4/16 1933. Death is said to have occurred on the date stated above, at 9354 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	9 hrs
Other contributory causes of importance:	
Peritonitis	40 hrs

Name of operation Repair of Ulcer Date of 4/15/33

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J H Goodman M. D.

(Address) Mercy Hospital

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 89567

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Belle Christofferson

(a) Residence: No. 1914 Walbrook Ave St., ... Ward. .....
(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 11-18-68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga

13. NAME Fedrick Bethel

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Louise Hammell

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Apr 17, 1933

19. UNDERTAKER Leonard J. Kopp

(Address) 230 N. Gay St.

FILED Apr 17 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933 to Apr 14, 1933

I last saw her alive on Apr 14, 1933 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
MILIARY TUBERCULOSIS	2 mos.
Other contributory causes of importance:	
ERYTHREMIA	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) I. Abrams M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

Philipp Shultz ✓

89568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89568

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philipp Shultz

(a) Residence: No. 2923 Silver Hill Avenue Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11/1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	11	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Elmer Shultz

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Jeanne Baird

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Jeanne Baird Shultz
(Address) 2923 Silver Hill Ave

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 4/17, 1933

UNDERTAKER Harry H. Shitzle
(Address) Huntington Williams, M.D.

FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	Birth
Other contributory causes of importance: Acute Appendicitis	4/13/33

Name of operation Appendectomy Date of 4/14/33

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Ballou M. D.
Coroner

(Address) 5082 Belmont Ave

D. B. 1268-9

9569 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 89569

M ✓

CERTIFICATE OF DEATH

207

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hospital St., 39 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unii Rasin

(a) Residence: No. 633 Dover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

13. NAME Joseph Rasin

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Still Pond, Md.

17. INFORMANT Joseph Rasin

(Address) 633 Dover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 18, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Lexington St

20. FILED Huntingdon Pa. 1933 APR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13/33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at about 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (occiput)	
Fractured left thigh	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also, the following:

Accident, suicide, or homicide accident of injury 4/13/33

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by Penna Train near

Manner of injury Balto St & Gwynn Fallsway

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. H. Carr M. D.

(Address) 508 E Lexington Coroner

-30—M. & T.—100 B—50L

E 89570

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89570

159

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Sinclair Lane near Edison Highway ST., 26th (WARD)

CITY OF BALTIMORE: (No. Unknown

2-FULL NAME ..... ST., ... WARD .....

(a) RESIDENCE NO ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Prob Apr 16/33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	7		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown "

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant N.E. Police Dept.

(Address)

Filed ..... 192 Huntington Williamsburg Md

7933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Prob- April 6/33 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably born alive- Convulsions

about 7-8 mons gestation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Found Sinclair lane near Edison Highway

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J.S. Haer, M. D.

Coroner

4/17/33 (Address) 600 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. Md. College

DATE OF BURIAL April 17 19 33

UNDERTAKER

ADDRESS

H. D. B. 1268-9

89571 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89571

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 716 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lila Barry

(a) Residence: No. 2232 O Decatur St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. J. Barry

DATE OF BIRTH (month, day, year) Nov 11, 884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Veach

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucinda Veatch

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hosp. Records
(Address) Md Gen. Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date April 18-33 19

UNDERTAKER M. Rozanski

Address 1330 Fremont Ave

FILED 4-19-1933 Huntington Millard, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1933 to 4-15 1933

I last saw h... alive on 4-15 1933 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1913 ?
Chronic Nephritis	?
Other contributory causes of importance:	
Myocardial Failure	4-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Md. Gen. Hospital M. D.

(Address)

M. D. B. 1203-9

89572

HEALTH DEPARTMENT—CITY OF BALTIMORE

89572

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No.) St. 25-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Adams

(a) Residence: No. 2627 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 11-1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mr. Charles Adams

14. BIRTHPLACE (city or town) (State or country) Balto. md

15. MAIDEN NAME Helen Va Adams

16. BIRTHPLACE (city or town) (State or country) Balto. md

17. INFORMANT Charles O. Adams

(Address) 2627 Wilkens Ave

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date April 17 1933

19. UNDERTAKER George L. Lehnert

(Address) 2101 Frederick Ave.

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933. to April 17, 1933.

I last saw h[illegible] alive on April 14, 1933. Death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (L.L.L)	apr. 10-33

Other contributory causes of importance:

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Va Adams M. D.

(Address) St Agnes Hos

M. D. B. 1268-9

89573 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E89573

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Southern Ave St., 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret C. Rambo

(a) Residence: No. 3820 Southern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Rambo

7. DATE OF BIRTH (month, day, year) Jan. 2nd 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT James F. Rambo

(Address) 3820 Southern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 4-17th 1933

19. UNDERTAKER Bernard C Harker

(Address) 1000 S Paca St.

APR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to Apl 13 1933.

I last saw h[illegible] alive on Apl 13 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1931
Other contributory causes of importance:	
Chronic nephritis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos E Ritzer M. D.

(Address) 3700 Eastern Ave

M. D. B. 1268-9

E 89574

HEALTH DEPARTMENT—CITY OF BALTIMORE

89574

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. 21-61 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William R. Constant (Constandt)

(a) Residence: No. 1109 S. Paca st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Rudolf Constant

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Lizzie Fitzpatrick

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date April 18 33

19. UNDERTAKER John C. Miller
(Address) 2435 E. Eager St Baltimore Md

APR 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 15, 1933.
I last saw him alive on April 15, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

M. D. R. 1933-9

9575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89575

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals 4-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Smith

(a) Residence: No. 715 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) Sept 2, 1884

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year) unk

11. Total time (years) spent in this occupation unk

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Edw. Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Catherine Payne

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT History.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D. C. Date April 17 1933

19. UNDERTAKER John C. Miller 2435 E. Oliver St.

(Address) Huntington Philadelphia

20. FILED APR 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932 to Apr 16, 1933

I last saw h alive on Apr 16, 1933. Death is said to have occurred on the date stated above, at 7.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Past 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stowe M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

E 89576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

576 × 78

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Bell

(a) Residence: No. ... St., ... Ward. Joppa, Harford Co. Md.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. B. Bell

DATE OF BIRTH (month, day, year) 1883-11-11

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	49	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Catherine Bell

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Catherine Brandt

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT David Bell
(Address) Joppa, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Salem M.E. Cemetery Date April 19 1933

19. UNDERTAKER David Davidson
(Address) Upper Falls Md

20. FILED April 19 1933 Huntington Memorial Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 17, 1933

I last saw h... alive on April 16, 1933 Death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) J. Guy Morrow, M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89577

CERTIFICATE OF DEATH 159

E 89577

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital 7-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles Morris

(a) Residence: No. 604 N. Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of not known

7. DATE OF BIRTH (month, day, year) March 31 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	19 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) at Home

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME ''

16. BIRTHPLACE (city or town) (State or country) ''

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Cemetery Date April 17, 1933

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to April 15, 1933

I last saw him alive on April 15, 1933. Death is said to have occurred on the date stated above, at 5:17 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	16 days.
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of Injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

89578 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89578

CERTIFICATE OF DEATH

92-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E. 33rd St. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa G. Kennedy

(a) Residence: No. 1715 E. 33rd. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas P. Kennedy

DATE OF BIRTH (month, day, year) Oct. 15, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward F. Levelle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary C. Laughran.

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Warner

(Address) 1715 E. 33rd. St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 18th. 33

UNDERTAKER Chas. J. Bruce & Son

(Address) 118 W. Lt. Royal Ave.

Thurlington Pollitt Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th. 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-26-, 1931, to 4-15-, 1933

I last saw her alive on 4-15-, 1933 Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis + myocarditis, arteriosclerosis + hypertension	1931
	1931

Other contributory causes of importance:

Myocardial failure	4-15-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Levelle M. D.

(Address) 2802 Ashford Ave.

D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

89579 E 89579

CERTIFICATE OF DEATH

186-001

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Marie Towles

(a) Residence: No. 701 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28/1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. c/o

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Point, Va.

13. NAME Charles Towles

14. BIRTHPLACE (city or town) (State or country) West Point, Va

15. MAIDEN NAME Marie Washington

16. BIRTHPLACE (city or town) (State or country) West Point, Va.

17. INFORMANT Wendall A. Wilson
(Address) 701 Baker St

18. BURIAL, CREMATION, OR REMOVAL.
Place West Point Va Date 4/22/33

19. UNDERTAKER
(Address) Jno Geo H. Holmes Jr Funeral Director

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	Apr 2/33

Other contributory causes of importance:

Name of operation Drainage Laporotomy Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Apr1/33

Where did injury occur? 701 Baker St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell on or against butcher knife that she had in her dress- upper left abd.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jos H Green M. D.
Coroner

(Address) 506 E Franklin

c.—12-9-25—A Co.—200 Bks.

9580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 89580

REGISTERED NO.

1-PLACE OF DEATH Little Sisters of the Poor

y of BALTIMORE: (No. 1200 Valley St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ludlow

(a) RESIDENCE NO. 1200 - Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ludlow

7 DATE OF BIRTH (month, day, and year) ?

8 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
75?			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore

11 NAME OF FATHER Benedict Cole

12 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

13 MAIDEN NAME OF MOTHER Caroline Brown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Sister Stanislaus Supr.

(Address) Little Sisters of the Poor. 1200 Valley

1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr 7 1933, to Apr 16, 1933, that I last saw her alive on Apr 16, 1933, and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 6 yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obvious

(Signed) [illegible], M. D.

4/17, 1933 (Address) 1114 Hartford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial 4/18 1933

20 UNDERTAKER Rita Wendefeld — ADDRESS 1st Ground

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89581 E 89581

CERTIFICATE OF DEATH

210-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., 72 Ward)

Length of residence in city or town (where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard H. Cross

(a) Residence: No. 2907 E Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

If married, widowed, or divorced) HUSBAND of (or) WIFE of: Julia B Cross

DATE OF BIRTH (month, day, year): Oct 26 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Court House

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Thomas Cross

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Elizabeth Radcliffe

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT (Address): Geraldine Barranger 2918 E Balto St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 18, 1933

UNDERTAKER (Address): Frank V Pipitone 2818 E. Baltimore St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Inguiry, 19 , to , 19

I last saw h alive on Inguiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	4/14/33
Other contributory causes of importance: Automobile Accident	4/14/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-14, 1933

Where did injury occur? Fayette & Linwood Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while crossing Fayette St at Linwood Ave

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Gorry Coroner M. D.

(Address) 2202 E Baltimore St

D. B. 1268-9

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

9582

X V E 89582

CERTIFICATE OF DEATH

PLACE OF DEATH Pronounced dead at St Agnes Hospital 2100-002

TY OF BALTIMORE: (No. ..... St., 2500 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louise B. Grubb (Grubb)

(a) Residence: No. 1451 Park Rd N.W. St., Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) June 27, 1903

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	19	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME John H. Grubb

14. BIRTHPLACE (city or town) (State or country) West. Va.

15. MAIDEN NAME Blanche Best

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

NFORMANT John H. Grubb

(Address) 150 13th St S.E Washington

URIAL, CREMATION, OR REMOVAL

Place Washington DC Date 4/18 1933

NDERTAKER Lucian Cook

(Address) 1247 5th Ave Huntington W. Va.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1933

22. I HEREBY CERTIFY, That I attended deceased from injury 19 , to 19

I last saw deceased alive on injury 19 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted	4/16/33

Other contributory causes of importance:

auto accident	4/16/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/16 1933

Where did injury occur Washington Rd nr. Hattan (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Streetaccident: auto in which

Manner of injury She was riding but a pole +

Nature of injury Right Thorax which fell on reading 4/16/33

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokamy Coroner M. D.

(Address) 2200 E Madison St

.—2-29-28—L. F. S.—500 Bks.

89583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 89583

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 618 N. Kenwood Ave. 7th WARD)

—FULL NAME Frank Frederick Lollmann

a) RESIDENCE NO. 618 N. Kenwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 57 yrs. 8 mos. 22 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Beulah Lollmann

TE OF BIRTH (month, day, and year) Aug 24, 1875

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	8	22	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Railroad Accountant

) General nature of industry, siness, or establishment in ich employed (or employer) B & O. 09

) Name of employer

THPLACE (city or town) Balto tate or country) md

NAME OF FATHER Wm Lollmann

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Walker Sarah

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Beulah Lollmann

(Address) 618 N. Kenwood Ave

Filed 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1933

17 I HEREBY CERTIFY, That I attended deceased from August 3, 1932 to April 16, 1933

that I last saw him alive on April 16, 1933

and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Cancer of the bladder

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) nothing

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? yes Date of Sept 6-32

Was there an autopsy? no

What test confirmed diagnosis? operation supra pubic opening of bladder

(Signed) Geo Walker, M. D.

, 19 (Address) 1. E. Centre Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk.

DATE OF BURIAL 4/19/1933

UNDERTAKER Jones Freeman & Son

ADDRESS 821 S. Broadway

6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89584

CERTIFICATE OF DEATH.

93-003 E 89584

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 2804 Bernard St. 12-04 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Karcher

(a) RESIDENCE. No. 2804 Bernard St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gotlieb Karcher

DATE OF BIRTH (month, day, and year) Feb. 16 - 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1 2	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Alfred Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cornelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Gotlieb Karcher

(Address) 2804 Bernard St

Filed 7 1933 19 Registrar Harrington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to April 16, 1933,

that I last saw her alive on April 16, 1933,

and that death occurred, on the date stated above, at 7 15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) age -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. W. Keown, M. D.

4/17, 1933 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patwood — DATE OF BURIAL 4/19/33

P. K. Wood

UNDERTAKER Harry C Browning Son

ADDRESS 1136 Poplar Grove St

M. D. B. 1268-9

89585 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 89585

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 2-4-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Lenty

(a) Residence: No. 107 E. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 24, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Phillip Lenty

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizzie Ann Angy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date Apl 20, 1933

19. UNDERTAKER John T. Devaney (Address) 715 Light St

20. FILED Apr 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932 to April 17, 1933

I last saw him alive on April 17, 1933 Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1907 ?

Other contributory causes of importance:

Arteriosclerosis	?
Cerebral Hemorrhage	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. O'Donnell M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-9

(Cromartie)

HEALTH DEPARTMENT—CITY OF BALTIMORE

89586 E 89586

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital V 108 Registered No.

CITY OF BALTIMORE: (No. 1514 Dawson St., 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jayne Cromartie

(a) Residence: No. 613 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) Aug 30. 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Jayne Cromartie

14. BIRTHPLACE (city or town) Md Road
(State or country) Fayetteville N.C.

15. MAIDEN NAME Sadie Jones

16. BIRTHPLACE (city or town) Md Road
(State or country) Fayetteville N.C.

INFORMANT Sadie Cromartie
(Address) 613 George St

BURIAL, CREMATION, OR REMOVAL
Place Fayetteville N.C. Date 4-17 19 33

UNDERTAKER Samuel M. Brewster
(Address) 5 N. Eutaw St

FILED 4-17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-2 . 1933 to 4-16 . 1933

I last saw he alive on 4-16 . 1933 Death is said to have occurred on the date stated above, at 6.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-2-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. F. Harris M. D.

(Address) Provident Hospital

ec.—9-30—A. & Co.—250 Bks.

9587. **HEALTH DEPARTMENT—CITY OF BALTIMORE** VE 89587

CERTIFICATE OF DEATH. 76-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home for Incurables

ITY OF BALTIMORE: (No 40th St a Roswick Rd 13-31 WARD)

2 FULL NAME Mrs Adelaide Boyer Hemlock

(a) RESIDENCE NO..... Home for Incurables ST.. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Walter W. Hemlock.

DATE OF BIRTH (month, day, and year) May 14 186Y

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70 yrs	11 mon-	2 days	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Kent Co Md.

10 NAME OF FATHER Simon Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Annie E. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Annes Co. Md

Informant Hospital Records.
(Address)

Filed ..., 19... Registrar

7 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1933

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to April 15, 1933

that I last saw h.e.r alive on April 15, 1933

and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatoid arthritis

(duration) 35 yrs. mos. ds.

CONTRIBUTORY Myocardiac failure.
(Secondary)
Morphinism - (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Hampson Hopkins M. D.

19 (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedarvale Md — DATE OF BURIAL: Apr 18 1933

20 UNDERTAKER: H. A. Heckrotte & Sons — ADDRESS: Hyattsville Md

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89588 E 89588

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N Calvert St. 12-06 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME May Fudington Loy

(a) Residence: No. 1706 N Calvert St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ or (or) WIFE of Robert G Loy

DATE OF BIRTH (month, day, year) May 1st 1873.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.7

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John B. Fudington

14. BIRTHPLACE (city or town) (State or country) New Haven Conn

15. MAIDEN NAME Ella Ball

16. BIRTHPLACE (city or town) (State or country) New Haven Conn

INFORMANT Robert G. Loy

(Address) 1706 N Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date April 19th 1933

UNDERTAKER Troy N Fisher & Co.

(Address) Cathedral & Centre Sts

FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1932 to April 17 1933.

I last saw h alive on April 16th 1933. Death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Endocarditis	Long
	Chronic

Other contributory causes of importance:

Chronic Arthritis (Rheumatoid) Bilateral Knees & hands. Contracture

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jeffersonian Staff M. D.

(Address) 5 Club Rd

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89589

CERTIFICATE OF DEATH

E 89589

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2427 Callow Ave St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Swartz

(a) RESIDENCE NO. 2427 Callow Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry M Swartz

6 DATE OF BIRTH (month, day, and year): May 7/1856

7 AGE — Years: 76 Months: 11 Days: 10 20

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto-Md

10 NAME OF FATHER: Solomon Hellerich

11 BIRTHPLACE OF FATHER (City or town) (State or country): Holland

12 MAIDEN NAME OF MOTHER: Esther Leon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Holland

14 Informant (Address): Mrs. Helen Diener 2427 Callow Ave

15 Filed 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April 17th - 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr 4th, 1933 to April 17, 1933

that I last saw h[illegible] alive on April 16, 1933

and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) L. Pirosh, M. D.

4-17-1933 (Address) 2202 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Faithful Friendship — Date of Burial: April 19 1933

20 UNDERTAKER: J. Ahrens & Co — ADDRESS: 2433 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89590 E 89590

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lieut. Jno. Strott

(a) Residence: No. 19 S. Stricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Strott

6. DATE OF BIRTH (month, day, year): Sept 6, 1860

7. AGE: Years 72 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Lieut.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Jno Strott

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 4/18 1933

19. UNDERTAKER: Harry E. Fritzen
(Address) 41 [illegible]

20. 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1933 to 4/15 1933

I last saw him alive on 4/15 1933. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Sigmoid Colon	about 8 hrs ?
Irreducible Right Inguinal Hernia	?
Peritonitis	24 hrs ?

Name of operation: Repair rupture in Sigmoid Date of 4/14/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Groetzinger M. D.

(Address) Mercy Hospital

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

89591

CERTIFICATE OF DEATH

181

E 89591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp. (WARD)

2-FULL NAME Anna Backert

(a) RESIDENCE NO. 404 N Monford Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 22 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) at School

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country)

10 NAME OF FATHER Valentine

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Mary Mengele

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

Informant Valentine Backert

(Address) 404 N Monford Ave

Filed 1933 192 Huntington Wallace Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock & Toxemia

Accidental Burns over body- Clothes were ignited from a gas range in kitchen while she was washing a window. Apr 15/33

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. H. Bruns, M. D. Coroner

4/17/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL April 19 33

20 UNDERTAKER Martin W. E. Dippel Inc.

ADDRESS 37 S Amity

ec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89592 CERTIFICATE OF DEATH. 135 E 89592

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE. (No 1197 n Bradford St 6-01 WARD)

2-FULL NAME John Mengele

(a) RESIDENCE NO. 1197 n Bradford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	W	Widowed.

If married, widowed or divorced
HUSBAND of (or) WIFE of Veronica

DATE OF BIRTH (month, day, and year) Dec 28 185

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Emma George.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany ?

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Margaret Kapp
(Address) 1197 n Bradford St

Filed 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15-33

17
I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to April 15, 1933
that I last saw him alive on April 14, 1933
and that death occurred, on the date stated above, at 1:45 p.m.

The CAUSE OF DEATH* was as follows:
acute nephritis

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Infected Bladder
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? urine
(Signed) Eugene L. Pessano M. D.
4/17/1933 (Address) 5-14 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 18 1933

20 UNDERTAKER Martin W. E. Dippel Inc — ADDRESS 32 Lan

M. D. B. 1268-9

89593 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 89593

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1256 Washington Blvd. S 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida B. Chance

(a) Residence: No. 1256 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late John D. Chance

DATE OF BIRTH (month, day, year) May 23, 1863.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	22 22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Office~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Boyles

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca Morgan

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Grover T. Chance

(Address) Cambrilla, Va.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/18/33 19

UNDERTAKER Fred S. Pritchett

(Address) 1 Dallas Place, N.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1933 to Apr. 15, 1933

I last saw h.. alive on Apr. 14, 1933 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Burgess M. D.

(Address) 1224 W. Fayette

M. D. B. 1268-9

✓ 97-001

89594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89594

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St. 21-01 Ward)

Length of residence in city or town where death occurred 45 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jennie Nelson

(a) Residence: No. 506 W. West St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 03 —

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balto. City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Albury Evergreen Date April 1933

UNDERTAKER John C. Miller

(Address) 2435 E. Monument St

FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-33

22. I HEREBY CERTIFY, That I attended deceased from 2-26-30 to 4-15-33

I last saw h[illegible] alive on 4-15-33 Death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-10-33
Other contributory causes of importance: Hemorrhage into cerebrum	1928
Arteriosclerosis	?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

4-15-33 (Signed) Emer Highberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 161-004 E 89595

89595 970

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Liekot

(a) Residence: No. 1 Philadelphia Rd St., ... Ward. Stemmerskum Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-11-33

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		6 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Stanislaw Liekot

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date April 19 33

UNDERTAKER John F. Kousla

(Address) 1611 Fleet St

Huntington Williams M.D. Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 17, 1933.

I last saw her alive on April 17, 1933 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Disease of Newborn	4-12-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw. F. Nolan M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89596

CERTIFICATE OF DEATH

E 89596

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp'l 7101 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Gray

(a) Residence: No. 3043 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 16, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 yrs	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) California

13. NAME John B. Gray

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Rose B. Stettin

16. BIRTHPLACE (city or town) (State or country) Washington, D. C.

INFORMANT Mrs. Eugene Douglas

(Address) 3043 St. Paul St.

BURIAL, CREMATION, OR REMOVAL

Place Hillen Date Apr 18, 1933

UNDERTAKER John O. Mitchell & Son

(Address) 1419 Eutaw Place

Thomas Williams M.D. Registrar.

FILED APR 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1933 19 to April 15, 1933.

I last saw h IM alive on Apr. 15, 1933 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1921
Other contributory causes of importance:	
Secondary Anemia	?
Generalized Arteriosclerosis	?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis B Stephenson, M. D.

(Address) Union Memorial Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89597

CERTIFICATE OF DEATH

124-80 E 89597

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. Samuel Sadler (Sadler)

(a) Residence: No. 1607 Llewellyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced (write the word)~~
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John Sadler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Charlotte Mathews

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Welfare Ass.
(Address) 1101 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cem Date Apr 18, 1933

19. UNDERTAKER John O Mitchell & Son
(Address) 1911 Eastern Ave

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to April 17, 1933

I last saw him alive on April 17, 1933 Death is said to have occurred on the date stated above, at 2:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver (atrophic)	?
Nephritis, chronic	?
Myocarditis - chr.	?
Other contributory causes of importance:	
Ind unknown	?

Name of operation None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Carruthers M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-0

89598

HEALTH DEPARTMENT—CITY OF BALTIMORE 89598

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Chester St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan E. Thompson

(a) Residence: No. 1006 N. Chester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of George R. Thompson

DATE OF BIRTH (month, day, year) Feb 1st 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

13. NAME James Cornes

14. BIRTHPLACE (city or town) Balto Co (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Balto Co. (State or country) Md

INFORMANT Chas. E. Thompson

(Address) 1006 N. Chester St

BURIAL, CREMATION, OR REMOVAL

Date 4/18 1933

Cem Chapel

UNDERTAKER Mrs Cook

(Address) 1217 St Paul St

FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14 1933 to April 16 1933

I last saw h[illegible] alive on April 16 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Not known
Other contributory causes of importance:	
Myocardial Degeneration	Not known

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

H. D. B. 1268-9

89599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89599

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 St. Paul St., 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John Mortimer Duval II

(a) Residence: No. 1824 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Schoolfield

DATE OF BIRTH (month, day, year) Jan. 6, 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

13. NAME John Mortimer Duval

14. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

15. MAIDEN NAME Sarah Anne Sanford

16. BIRTHPLACE (city or town) Prince George Co.
(State or country) Maryland

INFORMANT John Mortimer Duval III
(Address) 444 E. 57th St., New York

BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 4/18 19 33

UNDERTAKER Henry U. Mears & Son
(Address) 805 N. Calvert St.

81933 Huntington Williams, M.D.
(Signature of Attending Physician)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933 to April 17, 1933

I last saw h... alive on April 16, 1933 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	March 1933

Other contributory causes of importance:

Senile Condition
Heart-muscle

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) John A. Evans, M. D.

(Address) 612 N. Calvert St.

. D. B. 1268-9

89600

E 89600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 S. Bond Street St., 3-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 29 yrs. ..... mos. ..... ds.

2. FULL NAME Frank Wojciechowski

(a) Residence: No. 824 S. Bond Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Maryanna Wojciechowski

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Robert Wojciechowski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Maryanna Wojciechowski
(Address) 824 S. Bond Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 15 1933

18. UNDERTAKER John F. Weber
(Address) 401 E. Chester St

19. FILED APR 18 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1930 to April 14, 1933
I last saw h[illegible] alive on April 14, 1933. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-1-33.
Other contributory causes of importance Myocardial insufficiency	

Name of operation ..... Date of .....
What test confirmed diagnosis? P.S. & S. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) John F. Feerick M. D.
(Address) 1802 Eastern Ave.

. D. B. 1268-9

✓ E 89601

89601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 513 S. Regester Street St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Josephine Maliszewska

(a) Residence: No. 513 S. Regester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 10 1923

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Julian Maliszewski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Maryanna Osiewska

16. BIRTHPLACE (city or town) Poland
(State or country)

INFORMANT Mr. Julian Maliszewski

(Address) 513 S. Regester Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 19 1933

UNDERTAKER John F. Weber

(Address) 401 E. Chester St

R 18 1933 Huntington Ave. Registrar. 4/17/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to April 15 1933

I last saw her alive on April 14 1933 Death is said to have occurred on the date stated above, at 8 7m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Infantile Cerebral Paralysis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gerhard Hemsworth M. D.

(Address) 2029 Eastern Ave.

M. D. B. 1269-9

602 27566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 89602

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Length of residence in city or town where death occurred Yrs. Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hetterich

(a) Residence: No. 3105 Erdman Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Mary C. Hetterich

DATE OF BIRTH (month, day, year) July 25 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

13. NAME Jacob Hetterich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Interland Memorial April 18, 1933

UNDERTAKER Frederick Lassahn Sons

(Address) 740 Edgar Road Huntington Palisades, N.J.

FILED APR 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 15, 1933

I last saw him alive on April 15, 1933 Death is said to have occurred on the date stated above, at 6:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Chronic nephritis	2
Myocardial failure	Apl. 1933
Uremia	Jan. 1933

Other contributory causes of importance:

Hemiplegia, right	Aug 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. A. Abercrombie M. D.

(Address) John Hopkins Hospital

D. B. 1265-9

39603 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23 E 89603

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 E Lanvale St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ella Amelia Robertson

(a) Residence: No. 1745 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 11-1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady 07

9. Date deceased last worked at this occupation (month and year) 8 yrs ago

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Isaac H Robertson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Jane Amelia Wakefield

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT John F. Penny
(Address) 715 Light St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 17 1933

UNDERTAKER John F. Penny
(Address) 715 Light St

FILED Huntington Williams Asst. Registrar
18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from — 1925 to April 16 1933

I last saw her alive on April 16 1933. Death is said to have occurred on the date stated above, at 12 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 yrs
Other contributory causes of importance:	
Tuberculo Peritonitis	6 wks.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H B Boynton M. D.

(Address) 201 E Eager St

0—M. & T.—100 E—50L

E 89604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89604

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 5-01

2-FULL NAME John I. Taylor.

(a) RESIDENCE NO 422 N. Caroline St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced, HUSBAND of Mary E. Taylor.

DATE OF BIRTH (month, day, and year) December 1, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired cementer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

83

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Irvin Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Nancy Adams.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Margaret A. Alwell (daughter)

(Address) 422 N. Caroline St.

Filed ..... 19..... Registrar

87933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the right femur.
Accidental fall to the floor.
Terminal Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 422 N. Caroline St.

Did an operation precede death? No. Date of April 18, 1933

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Schwarz, M. D. Coroner

4/17/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Apl 19 1933

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

H. D. B. 1268-9

E 89605 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89605

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1419 Mo Cathedral St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clayton H. Fossett

(a) Residence: No. 1419 Mo Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Fossett

DATE OF BIRTH (month, day, year) 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce House

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30.

BIRTHPLACE (city or town) (State or country) Md

13. NAME Thos. McFossett

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Fossett

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Martha Fossett

(Address) 1419 Mo Cathedral

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/19 1933

UNDERTAKER Samuel H. Demsey

(Address) 578 W Biddle St

FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/9/33, 19, to 4/13/33, 19

I last saw h alive on 4/13/33. Death is said to have occurred on the date stated above at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/9/33

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

H. D. B. 1268-9

89606 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89606

CERTIFICATE OF DEATH V 131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 524 Elmwood St. 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Barton

(a) Residence: No. 524 Elmwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Blk	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Tobias Barton.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nott

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Daniel Brown.

(Address) 524 Elmwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mon Cem Date 4/18, 1933

UNDERTAKER Samuel J. Hemsley

(Address) 578 N Bradford St

FILED, 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1933, to April 16, 1933

I last saw her alive on April 15, 1933. Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chr Myocarditis	1930
Chr Int Nephritis	1930
Other contributory causes of importance: Acute cardiac decompensation	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Bishop, M. D.

(Address) 501 Glendale Ave

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89607 E 89607

CERTIFICATE OF DEATH

V 93-003

13-01

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3500 Auchentoroly Terrace Ward)

gth of residence in city or town where death occurred. 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary E. Coney

(a) Residence: No. 3500 Auchentoroly Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. Coney

ATE OF BIRTH (month, day, year) Dec. 12, 1844

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	4	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) London, England.

9. NAME William Stevens

10. BIRTHPLACE (city or town) (State or country) London, England.

11. MAIDEN NAME Unknown

12. BIRTHPLACE (city or town) (State or country) London, England.

INFORMANT Mrs. Jerome Wolf,
(Address) 3500 Auchentoroly Terrace

BURIAL—CREMATION—OR REMOVAL

Place Akron, Ohio. Date Apr. 18 19 33

UNDERTAKER Wm. Rondheim & Son
(Address) 1902 Eutaw Place.

APR 18 1933 [illegible], Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10 1933 to April 17 1933

I last saw her alive on April 16 1933. Death is said to have occurred on the date stated above, at 2:16 A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilitation — Date of onset: over

Other contributory causes of importance: General Debility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph D. Yurkin M. D.

(Address) 2419 Reisterstown Road.

9608 [illegible] P. Co.—1000 Bks.

E 89608

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. Balto Eye, Ear, Throat / Hosp ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Polansky

(a) RESIDENCE. NO. 71 Fuzeine Ave. ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: W Chile

5 Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 24, 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Morris Polansky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Feldmand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) America

Informant (Address) Father - Morris Polansky 71 Fuzeine Ave

Registrar

APR 18 1933

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) April 17, 1933

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 17, 1933, that I last saw h[illegible] alive on April 17, 1933, and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Streptococcus Cerebrospinal Meningitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Secondary Purulent Mastoiditis (Left) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of April 14 33

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Nathan Snyder, M. D.

, 19 (Address) Balto. Eye, Ear, & Throat Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel (Hebrew) Cem.

UNDERTAKER: Jack Levine Inc

14

DATE OF BURIAL: 4-18 1933

ADDRESS: 1439 E. Baltimore St

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89609

CERTIFICATE OF DEATH

V 131 E 89609

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2017 Sinclair ST. 8-01 WARD)

—FULL NAME Mary Garten

) RESIDENCE NO. 2017 Sinclair Lane WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Garten

E OF BIRTH (month, day, and year) July 9 1854

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
73	9	7	

UPATION OF DECEASED

Trade, profession or icular kind of work Housework

General nature of industry, ness, or establishment in h employed (or employer) 037

Name of employer

THPLACE (city or town) te or country) Germany.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

nformant Herman Garten

Address) 2017 Sinclair Lane

1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16-1933

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to April 16, 1933

that I last saw her alive on April 15, 1933

and that death occurred, on the date stated above, at 10 10 a. m.

The CAUSE OF DEATH* was as follows: 30 d

Myocarditis, Hypertension
Uraemia 4 days.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia & Symptoms

(Signed) Thos F. Stevens, M. D.

4-19, 1933 (Address) 2878 Hartsford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Apr 19 1933

20 UNDERTAKER Mr. & Mrs. John W. Gemperline

ADDRESS 801 W. Fayette

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89610 89610

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Cross St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Hunter

(a) Residence: No. 1207 W. Cross St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jerome B. Hunter

DATE OF BIRTH (month, day, year): Feb. 21. 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Reed

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Williams

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Jerome R. Hunter

(Address): 1207 W. Cross St

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Apr. 19. 1933

UNDERTAKER: Mr. Mrs. John H. Trupel & Son

(Address): 801 W. Fayette St

FILED: APR 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to April 16, 1933

I last saw h.e alive on April 15. 1933 Death is said to have occurred on the date stated above, at 12.05A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Other contributory causes of importance:	

Name of operation: no Date of: ...

What test confirmed diagnosis? no name Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Eugene L. Cassard M. D.

(Address) 5-14 Druid Park

Spec.—1-10-21—M&T—1500 Bks.

9611 E 89611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N Bricker ST. 14-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hanet Pollard

(a) RESIDENCE NO. 237 N Bricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of: Lewis J. Pollard

DATE OF BIRTH (month, day, and year): 1886

AGE: 47 (Years / Months / Days)

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: John Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Louis J. Pollard

(Address) 237 N. Bricker St

Filed 8 1933, 19 Huntington Williamson, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-17-1933

17 I HEREBY CERTIFY, That I attended deceased from 4/13, 1933, to 4/17, 1933, that I last saw h[illegible] alive on 4/17, 1933, and that death occurred, on the date stated above, at 3 PM.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure (duration) yrs. 6 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M. D.

4/17, 1933 (Address) 1600 Mailing Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cem | DATE OF BURIAL: April 20 1933

20 UNDERTAKER: Hoyal & Sindy | ADDRESS: 409 N Monroe St

D. B. 1268-9

E 89612

9612 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 843 W. Fairmount Ave St.) (18-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Anderson Hall

(a) Residence: No. 843 W. Fair mount Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Hall

ATE OF BIRTH (month, day, year) Nov 15-1897

GE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	35	4	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

NAME Wm. Hall

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Alice Plummer

BIRTHPLACE (city or town) (State or country) md

FORMANT Lillie Hall

(Address) 1075 W. Lexington St

URIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 18, 1933

NDERTAKER Joseph A. Lively

(Address) 1129 W. Mount Street

D 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) (Eugene) Sutter, M. D.
Coroner

(Address) 2739 Eastern Ave

H. D. B. 1268-9

89613 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89613

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St. 14-21 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret White

(a) Residence: No. 571 Baker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	tan Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Phila, Pa.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 15, 19 33

UNDERTAKER [illegible]
(Address)

FILED [illegible] 19 [illegible]

13 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1932, to 4-13, 1933

I last saw h alive on 4-13, 1933 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-4-33
Other contributory causes of importance: Cystic Disease of Bone	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

4-14-33 (Signed) Elmer Hirshberg M. D.

(Address) Balto City Hospitals

D. B. 1268-9

E 89614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89614

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.
CITY OF BALTIMORE: (No. Balto. Md. St. 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin McCoy

(a) Residence: No. 112 N. Pine St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced
HUSBAND of Cook
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-1-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	-3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 071
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Pa.
(State or country)

13. NAME John —
14. BIRTHPLACE (city or town) ?
(State or country)
15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Record Both City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 18 19 33

UNDERTAKER [redacted]
(Address)

JUN 18 1933 Huntington Veterans, N.Y.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 33

22. I HEREBY CERTIFY, That I attended deceased from 3-16 19 33 to 4-13 19 33
I last saw him alive on 4-13 19 33 Death is said to have occurred on the date stated above, at 12:15 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	4-1-33
at his residence	

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-13-33 (Signed) Elmer Hibbard M. D.
(Address) Balto. City Hospitals

H. D. B. 1268-9

9615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89615

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals Balto. Md St. 7-7-01 Ward)

CITY OF BALTIMORE: (No. ..... ?

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Miller

(a) Residence: No. 16 W. York St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 8-10-60

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 73	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balto. City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Interred Loudon Park Date April 18, 1933

UNDERTAKER [redacted]
(Address) [redacted]

APR 18 1933 [illegible] Registrar

THE MONUMENTAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1933 to 4-13 1933

I last saw h[illegible] alive on 4-13 1933 Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia lobar	2-17-33
Cerebral Syph	
Other contributory causes of importance: Bronchopneumonia	4-3-33

Name of operation None Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

4-13-33 (Signed) Elmer Hajek M. D.

(Address) Balto City Hospitals

. D. B. 1268-9

89616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89616

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvin Edwards

(a) Residence: No. 917 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/2/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		15	

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Han. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Elvin Edwards

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/19/33

UNDERTAKER Mrs. Chas. H. O'Connor
(Address) 1000 Druid Hill Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1933, to Apr 17, 1933

I last saw him alive on Apr 17, 1933 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	4-13-33
Other contributory causes of importance:	
Under nutrition	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan E. Kuttner M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

9617. **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89617.

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 McCulloh St. 13-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nurses Simms

(a) Residence: No. 2320 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Roberta Simms

DATE OF BIRTH (month, day, year) 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pool room owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 45

10. Date deceased last worked at this occupation (month and year) 1 mo. | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Peter unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Roberta Simms wife

(Address) 2320 McCulloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/18/33 19

UNDERTAKER Mrs. Grace E. Collins

(Address) 1631 Druid Hill Ave

APR 18

....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to April 14, 1933

I last saw him alive on April 13, 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic.	
Parenchymatous Nephritis	1 mo.
& Anasarca	

Other contributory causes of importance:

Myocarditis (Hypertension) Artero sclerosis

Name of operation none Date of .....

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

ec.—9 30—A. & Co.—250 Bks.

E 89618

89618 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-002

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 916 Asquith St. 10-01 (Ward)

2. FULL NAME Sarah A. ~~Hopkins~~ Hanson

(a) RESIDENCE NO. 916 Asquith St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry H. ~~Hopkins~~ Hanson

DATE OF BIRTH (month, day, and year) 12-8-1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	118	7	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (City or town) (State or country) Balto, Md

6 NAME OF FATHER John Groves

7 BIRTHPLACE OF FATHER (City or town) (State or country) Md

8 MAIDEN NAME OF MOTHER Frances Hanks

9 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

10 Informant Mary Groves
Address 1617 N. Schroeder St

11 Died 4-16 1933 Huntington Williamson W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-33

17
I HEREBY CERTIFY, That I attended deceased from 4-8, 1933, to 4-16, 1933
that I last saw her alive on 4-16, 1933
and that death occurred, on the date stated above, at 9 P.M.
The CAUSE OF DEATH* was as follows: Acute Pericarditis
Pleurisy

(duration) yrs. mos. 8 ds.

CONTRIBUTORS (Secondary) Influenza

(duration) 1 yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas. R. Ashe M. D.
4/19 1933 (Address) 924 Asquith St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL 4-19 1933

20 UNDERTAKER Byron & Manier H. Wright 1218 McElderry

ADDRESS

8 1933

D. B. 1268-9

89619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 89619

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Holden Robert Lee Holden

(a) Residence: No. 7 S. Appleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of May Holden

DATE OF BIRTH (month, day, year) February 10, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture—Clothing

10. Date deceased last worked at this occupation (month and year) 17 yrs.

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John J. Holden

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Mary E. Batham

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mr. George Holden
(Address) 514 Park Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 20" 1933

UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 17, 1933

I last saw him alive on April 17, 1933. Death is said to have occurred on the date stated above, at 8 22 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cardiovascular Renal	
Cardiac hypertrophy & dilatation	
Other contributory causes of importance:	
Cardiac failure	
Chronic Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Saunders M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

89620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89620

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hosp. St. 27-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Joseph Sherman

(a) Residence: No. 5501 Arabia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 20, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 2	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frank Sherman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Annabelle Lodrib

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Frank A. Schuckman

(Address) 5501 Arabia ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 4/19/ 1933

UNDERTAKER E. J. Fanning & Son

(Address) 1334 Lafayette ave.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to April 17, 1933

I last saw him alive on April 14, 1933 Death is said to have occurred on the date stated above, at 8 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 12

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. C. Goodman III M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9621

CERTIFICATE OF DEATH

159 E 89621

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2231 Brunt St. 14-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Howard

(a) Residence: No. 2231 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/18/33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Leonard Howard Jr.

14. BIRTHPLACE (city or town) Howard Co
(State or country) Md.

15. MAIDEN NAME Violet Cole

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

INFORMANT Mother
(Address) 2231 Brunt

BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Oct 16 ?, 1933

UNDERTAKER

(Address)

[illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/18, 1933, to 7/18/1, 1933.

I last saw h[illegible] alive on 7/18, 1933. Death is said to have occurred on the date stated above, at 7.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9622 E 89622

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

ITY OF BALTIMORE: (No. 1514 Dunmore St., 16 Ward

ngth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Infant Farrell

(a) Residence: No. 817 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 21 33

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME not Recd

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME not Recd

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Marshal Farrell
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date April 18, 1933

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

FILED 1933 ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1933, to 4-15, 1933

I last saw he alive on 4-15, 1933. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Solar Tuberculosis	3-30-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Harris M. D.

(Address) Provident Hospital

pec.—1-10-21—M&T—1500 Bks.

89623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89623

CERTIFICATE OF DEATH.

161-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 1526 Harlem Av ST 16 (WARD)

2-FULL NAME Ludena Smith

(a) RESIDENCE NO. 1526 Harlem Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 4/14/33

AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Walter Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosa Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Walter Smith

(Address) 1526 Harlem Ave

Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-1933

17

I HEREBY CERTIFY, That I attended deceased from 4/14, 1933, to 4/16, 1933,

that I last saw her alive on 4/16, 1933,

and that death occurred, on the date stated above, at 3-30 p. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage brain

Fracture skull

Pedestrian

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M.D.

4/16, 1933 (Address) 2001 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: April 18, 1933

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

39624

CERTIFICATE OF DEATH

93 603

E 89624

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 690 W. Mulberry St., 17-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Agnes Collins

(a) Residence: No. 690 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of William H Collins

DATE OF BIRTH (month, day, year) May 8-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 03

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME Geo. W. Holland

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Sarah Thomas

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. E. Johnson (sister)

(Address) 690 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 20, 1933

UNDERTAKER Mrs. Katie C Williams

(Address) 322 Robinson St.

LED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

c. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89625

CERTIFICATE OF DEATH.

59 E 89625

REGISTERED NO.....

1-PLACE OF DEATH Baltimore Md.

TY OF BALTIMORE: (No. 3525 Liberty Hts Ave or) W 5-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Golden Sr.

(a) RESIDENCE. NO. 3525 Liberty Hts Ave 15 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs — mos — ds

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. A. Golden

ATE OF BIRTH (month, day, and year) Oct. 24-1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	23 24	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Attorney

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto Md.

0 4 2

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Mrs Emma Golden

Address 3525 Liberty Hts Ave

d 1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17th 1933.

17 I HEREBY CERTIFY, That I attended deceased from December 28, 1932, to April 17th, 1933., that I last saw him alive on April 17th, 1933, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus and Arteriosclerosis, Generalized

(duration) 18 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory - urine blood

(Signed) Fred H. Clark M. D.

4/17 1933 (Address) 3610 Eutaw Place, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Apr 20 1933
20 UNDERTAKER Wm J. Tuckner & Sons	ADDRESS N. Ave

D. B. 1268-9

89626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89626

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. ~~Margaret~~ ~~E.~~ Kirby

(a) Residence: No. 101 Overhill Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Kirby

DATE OF BIRTH (month, day, year) February 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 3 30 33 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Bellefonte, Pa.
(State or country)

13. NAME Parents Gechter

14. BIRTHPLACE (city or town) Bellefonte
(State or country)

15. MAIDEN NAME Alice Gilland

16. BIRTHPLACE (city or town) Bellefonte
(State or country) Pa

INFORMANT William A. Kirby Jr.
(Address) 101 Overhill Rd Balto Md

BURIAL, CREMATION, OR REMOVAL

Place Easton Md Date Apr 19 1933

UNDERTAKER Wm J Tuckerman & Sons
(Address) North St Easton Md

FILED Huntington Williams Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-31-33 19 to 4-18- 1933

I last saw h[illegible] alive on 4-18 1933 Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	3-30-33
Uremia (Following operation)	3 31 33

Other contributory causes of importance:

Name of operation Appendectomy & Drainage Date of 3 31 33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Hulet M. D.

(Address) Union Mem Hosp.

. D. B. 1268-9

39627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89627

CERTIFICATE OF DEATH

42-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2911 Bayonne Ave St., 27-8 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Callister

(a) Residence: No. 2911 Bayonne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael M. Callister

DATE OF BIRTH (month, day, year) Nov 8 1856

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Alexander McCallister

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT James J. McCallister

(Address) 2911 Bayonne Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Apl 19 1933

UNDERTAKER John Ulrich & Sons

(Address) 208 Aisquith St

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1933 to April 16, 1933

I last saw him alive on April 14, 1933 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	many years
arterio - Sclerosis	
Other contributory causes of importance:	
Intestinal Hemorrhage	April 14/33

Name of operation none Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

no If so, specify

(Signed) Thomas B. Lyon M. D.

(Address) 5543 Harford Rd city

o. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9628

Registered No. 97 E 89628

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1323 N Patterson Park Ave St., 8-21 Ward)

th of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Melinda ~~Ernest~~ Ernest.

(a) Residence: No. 1323 N P.P.K Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Wesley L. Ernest

TE OF BIRTH (month, day, year) Oct 12, 1845

Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pennsylvania

NAME Jacob Long

BIRTHPLACE (city or town) (State or country) Pa

MAIDEN NAME Elizabeth Haines

BIRTHPLACE (city or town) (State or country) Pa

FORMANT Alice Liedlich

Address) 6405 Bamberg Rd

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 20, 1933

NDERTAKER John Uellrich Sr

Address) 2 East Preston St Baltimore, Md.

ED 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1933

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1933, to April 16, 1933

I last saw her alive on April 16 1933 death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	?
Arteriosclerosis	
Chronic Endocarditis	
Other contributory causes of importance:	
Cardiac Asthenia	April 15 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wilbert Thomas M. D.

(Address) 3136 Eastern Ave

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9629 E 89629

CERTIFICATE OF DEATH V 183

PLACE OF DEATH Found in Harbor

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Foot of Calvert St., 12-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John P. Wellford

(a) Residence: No. 2813 Huntington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) unknown

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs work

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Salt Lake City
State or country)

NAME John P. Wellford

BIRTHPLACE (city or town) Salt Lake City
(State or country)

MAIDEN NAME Mary Allen

BIRTHPLACE (city or town) Baltimore,
(State or country)

FORMANT Bessie J. Hopkins

Address) 2813 Huntington Ave

RIAL, CREMATION, OR REMOVAL

Place National Bur. Date April 20, 1933

DERTAKER Wendell J. Dippel

Address) 3005 Elm Ave

D 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found in Harbor April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on June ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
	Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury unknown

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Fenton Coroner, M. D.

(Address) 700 Chase St.

D. B. 1268-9

89630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V57 E 89630

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1403 Lexington St. 24-01 (Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Myers

(a) Residence: No. 1403 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara A. Myers

DATE OF BIRTH (month, day, year) Sept. 11-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Phillip Myers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Conrad

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Clara A. Myers

(Address) 1403 Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 4/20, 1933

UNDERTAKER Margaret E. Flynn

(Address) 1424 Eastern Ave.

19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.17. 1933.

22. I HEREBY CERTIFY, That I attended deceased from 3.18.33. 19 to 4.17.33. 19

I last saw him alive on 4.16.33. 19 Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous nephritis	1 mo.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Phillip B. Tanner M. D.

(Address) 1432 Gilliam St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89631 E 89631

CERTIFICATE OF DEATH

115-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Robert Edward Sandell

(a) Residence: No. 4403 Wickford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Elsa Sandell

DATE OF BIRTH (month, day, year) Jan 6. 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 4.11.33. | 11. Total time (years) spent in this occupation 7

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

13. NAME Edward Sandell

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Mrs Robert Sandell
(Address) 4403 Wickford Rd.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 4/19 1933

UNDERTAKER Henry W. Mears and Son
(Address) 805 N. Eutaw St.

FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4. 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from 4.15. 1933 to 4.17. 1933

I last saw him alive on 4.17. 1933 Death is said to have occurred on the date stated above, at 4.30 P. m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ludwig's Angina	4.14.33

Other contributory causes of importance:

Pleurisy	4.17.33
	4.17.33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frank R Stephenson M. D.

(Address) Union Memorial Hospital

. D. B. 1268-9

89632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89632

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Joseph D. Virdin

(a) Residence: No. 1105 Eutaw Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of Mrs S. D. Virdin (maiden name unknown)
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 2, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dr. W W. Virdin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Katherine Dann

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT M. S. Hecht

(Address) Un. Mem Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Perrymans Md Date 4/19, 1933

UNDERTAKER Henry W. Myers & Son

(Address) 80 N. Eutaw St.

1933 Huntington Wilson, Registrar

NPG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933 to April 17, 1933

I last saw h. alive on April 17, 1933. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic Nephritis	?
Hypostatic pneumonia	?
Acute Cardiac collapse	3 weeks
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Manes S. Hecht M. D.

(Address) Union Memorial Hospital

. D. B. 1268-9

89633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89633

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md 93-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ulysses G. Cook

(a) Residence: No. 43 E. Montgomery St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta —

6. DATE OF BIRTH (month, day, year) 7-21-65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME of Father Cook

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

15. MAIDEN NAME of Mother Cath. Steddum

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place HEDDEN BURYING GROUND HILLS PT. DORCHESTER CO MD Date April 19, 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-33

22. I HEREBY CERTIFY, That I attended deceased from 8-20-32 to 4-17-33

I last saw him alive on 4-17-33 Death is said to have occurred on the date stated above, at 4:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	4-14-33

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-18-33 (Signed) Elmer H. Laboyteaux M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89634

CERTIFICATE OF DEATH

13 E 89634

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 12 ... Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret E. McInnes

(a) Residence: No. 2200 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James T. McInnes

6. DATE OF BIRTH (month, day, year) Dec. 8, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

10. BIRTHPLACE (city or town) (State or country) Lunenburg, N.S.

12. NAME John A. Hirtle

13. BIRTHPLACE (city or town) (State or country) N.S.

14. MAIDEN NAME Henrietta Heller

15. BIRTHPLACE (city or town) (State or country) N.S.

16. INFORMANT Hosp. Records
(Address) Md. Gen. Hosp.

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 19th 1933

18. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

19. FILED 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-7-33 to 4-17 1933

I last saw her alive on 4-17 1933 Death is said to have occurred on the date stated above, at 1:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Vascular Renal Disease	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) H. Rogers M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89635

E 89635

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2944 Guilford Ave Ward 12-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie E. Schearbauer

(a) Residence: No. 2944 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Joseph Schearbauer

DATE OF BIRTH (month, day, year) Jan 30th 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4 out

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Daniel L. Phelan

14. BIRTHPLACE (city or town) (State or country) New Castle Del

15. MAIDEN NAME Ann M. Dorner

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wilfred Green

(Address) 2944 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 19th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1933 Huntington Mills [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10 1933 to April 15 1933

I last saw her alive on April 15 1933 Death is said to have occurred on the date stated above, at 1130 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

M. D.

(Signed) John A. Schmunk

(Address) 1337 S. Charles St

D. B. 1268-9

89636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 89636

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. East Ave St. 1-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME John Ernst

(a) Residence: No. 318 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Freda Ernst

6. DATE OF BIRTH (month, day, year) Aug. 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
67	7	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Ernst

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT John Ernst
(Address) 3709 RidgeCroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Cem. Date April 19 1933

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Hillsdale Ave. Baltimore, Md.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932 to April 16, 1933

I last saw h.. alive on April 15, 1933 Death is said to have occurred on the date stated above, at 1:51 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis	
Diabetis Mellitus	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Andrew Thomson M. D.

(Address) 2529 East Ave.

RPN

Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9637

CERTIFICATE OF DEATH

23 E 89637

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 608 Parkwyrth Ave. St., 9-01 Ward)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Kansch

a) Residence: No. 608 Parkwyrth Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ma le	White	

married, widowed, or divorced HUSBAND of (or) WIFE of Single

TE OF BIRTH (month, day, year) 9/3

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
0	—	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore Md
State or country

NAME August Kansch

BIRTHPLACE (city or town) Europe
(State or country)

MAIDEN NAME C. Sparri

BIRTHPLACE (city or town) Europe
(State or country)

FORMANT Mrs August Kansch

Address) 608 Parkwyrth Ave

RIAL, CREMATION, OR REMOVAL Forest Park Date Christ 19 19 33

DERTAKER Mary M. Medford

Address) 201 E 22nd St.

Huntington Williams Reg.

1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from January, 1, 1933, to April, 16, 1933

I last saw her alive on 4/16/33, 19 death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 4/15/33

Other contributory causes of importance:

Hemorrhage and shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Guy D. McCreary, M. D.

(Address) 400 N. Payson Street

0—M. & T.—100 B—50L

89638

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 89638

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No.) Franklin Square Hospital. (St.) 16-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian J. Creamer.

(a) RESIDENCE NO 704 N. Mount St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

If married, widowed, [redacted] (or) WIFE of George W. Creamer.

ATE OF BIRTH (month, day, and year) November 5, 1869

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	12	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME OF FATHER John W. Mankin.

BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Mary A. Bentley.

BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Margaret E. Creamer. (daughter)

(Address) 704 N. Mount St.

1933 Huntington Williams M.D. Registrar

R.F.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 704 N. Mount St. April 16, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt Coroner, M. D.

4/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL April 20 1933

20 UNDERTAKER Edw. Toulson ADDRESS Wash. Blvd.

No. 5-31 250R

9639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89639

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3217 Avon Ave St. 9-01 Ward)

th of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Virginia Higgins

a) Residence: No. 3217 Avon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

married, widowed, or divorced
USBAND of
or) WIFE of Alfred W. Higgins

TE OF BIRTH (month, day, year) Oct 31-1890

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	15 16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) State or country) Germany

NAME James Ertzal

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Juliana Banke

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Alfred W. Higgins

Address) 3217 Avon Ave

RIAL, CREMATION, OR REMOVAL

lace Druid Ridge Cem Date Apl 19 1933

DERTAKER Harry Jones Inc

Address) [illegible] Baltimore, Md

1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 1898, to April 16, 1933

I last saw her alive on April 16, 1933, death is said to have occurred on the date stated above, at 11.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Hypertension	1930

Other contributory causes of importance:

Cerebral Hemorrhage	April 16, 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Grover M. Ertle, M. D.

(Address) 2425 Maryland Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9640

CERTIFICATE OF DEATH

E 89640

93-43

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1136 Light St. St. 23-04 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis T. Sunderland

(a) Residence: No. 1136 Light St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie T. Sunderland (nee Ford)

DATE OF BIRTH (month, day, year) May 10, 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railway Exp. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Exp. Agency

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 43

BIRTHPLACE (city or town) Unknown (State or country) Maryland

13. NAME Henry Sunderland

14. BIRTHPLACE (city or town) Unknown (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Maryland

INFORMANT Howard J. Sunderland (Son)

(Address) 6005 Alhambra Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date April 19, 1933

UNDERTAKER Harry A. Tuttle

(Address) 1001 Harlem Ave.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1933 to Apr 17 1933

I last saw h. alive on Apr 14 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	1/20/33
Other contributory causes of importance: Arteriosclerosis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Hartman M. D.

(Address) 1 E. Mt. Vernon Pl.

. D. B. 1268-9

Cutler

9641 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89641

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 214 N. Broadway St. 6-11 Ward)

ength of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Mollie Cutler

(a) Residence: No. 214 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ruben Glazer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Albert Cutler Brandeau

(Address) 1129 E Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cemetery Date 4-19-33, 19

UNDERTAKER Chas Sons Inc

(Address) 1439 E Baltimore St

19 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/14/33, 19 to 4/17, 19 33

I last saw her alive on 4/14, 19 33. Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Weinstock M. D.

(Address) 1738 E Fayette St.

D. B. 1268-9

642

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 89642

CERTIFICATE OF DEATH

84-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ada Jean Chaplain

(a) Residence: No. 903 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-6 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Samuel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Mary

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Washington Blvd. Date 4-18-33 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1739 E. Balto St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1933, to 4-18, 1933

I last saw h[illegible] alive on 4-18, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Mastoiditis	
II Fatal Sinus Thrombosis	

Other contributory causes of importance:

Broncho pneumonia	

Name of operation Mastoidectomy Date of 4-9-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel E. Bozrad M. D.

(Address) Sinai Hospital

1933

. D. B. 1268-9

643 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89643

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3301 Ferndale St. 28-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Frauns Waller

(a) Residence: No. 3301 Ferndale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	N	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal + Fuel Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fuel 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Von Braun

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Von Braun

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Henry Waller - Son
(Address) 3301 Ferndale

BURIAL, CREMATION, OR REMOVAL
Place Glendale Mem. Park Cem. Date 4/19/33

UNDERTAKER Guy F. Lewis Inc.
(Address) 1939 E. Cold St

FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933 to Apr 17, 1933

I last saw him alive on Apr 16, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m. 4/17/33

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	2 days
Other contributory causes of importance: Carcinoma of Lung with metasis en Liver	about 1 yr

Name of operation — Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. L. Lichtenberg M. D.
(Address) 22 W Madison St.

Co. 5-11 250B

9644 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89644

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1434 Henry st St. 24th Ward)

th of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Householder

(a) Residence: No. 1434 Henry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Emma S. Householder

ATE OF BIRTH (month, day, year) Aug 4, 859

E Years	Months	Days	if LESS than 1 day hrs. or min.
73	8	11	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 33

IRTHPLACE (city or town) (State or country) W. Va Hancock

NAME Not known

BIRTHPLACE (city or town) (State or country) Hancock W. Va

MAIDEN NAME Jennie Lemmon

BIRTHPLACE (city or town) (State or country) W. Va

FORMANT Charles J. Householder

Address) 1434 Henry St

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 19, 1933

DERTAKER Elmer W. Fowler

Address) 847 Eager St

Date 1933 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4.11.33., 19..., to 4.15.33., 19...

I last saw him alive on 4.15.33., 19... death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4.11.33.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer R. Fowler M. D.

(Address) 1432 William St.

H. D. B. 1268-9

9645 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89645

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 N. Franklin St. N-of Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B. Kachele

(a) Residence: No. 2520 N. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav A. Kachele

DATE OF BIRTH (month, day, year): June 11 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: John Fetch

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

INFORMANT: Wm. Edward G. Kachele

(Address) 1508 N. Spring St

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: Apr. 20 19 33

UNDERTAKER: Henry Breck Sons Inc

(Address) 1501 E. Eager St.

FILED: [illegible] 19 33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17 19 33

22. I HEREBY CERTIFY, That I attended deceased from April 1 19 33 to April 17 19 33

I last saw h[illegible] alive on April 17 19 33 Death is said to have occurred on the date stated above at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 wks
Hypertension	3 yrs
Arteriosclerosis	10 yrs

Other contributory causes of importance: Pneumonia

Name of operation: ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

. D. B. 1268-9

9646

E 89646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 5321 Eastern Ave St. Ha-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S. If of foreign birth 57 yrs. — mos. — ds.

2. FULL NAME Anna M. Diller

(a) Residence: No. 5321 E Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Valentine A. Diller

DATE OF BIRTH (month, day, year) Feb. 12 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Casper Schuster

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

NFORMANT Wm. George Diller

(Address) 4209 Diller Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 21 19 33

NDERTAKER Yingey Hirsch Sons Inc.

(Address) 1301 E Eager St

i[illegible] Huntington Williamsport, Md.

191933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 19 33

22. I HEREBY CERTIFY, That I attended deceased from March 30 — 1933 to April 18 — 1933

I last saw her alive on April 17 — 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hyp-Cardiac	3/30/33
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Dorsey M. D.

(Address) 5043 Walbrook Ave Baltimore

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

647 E 89647

CERTIFICATE OF DEATH

Registered No. 173

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp. St. 9-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm C. Hart

(a) Residence: No. 1709 E. 29th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced)
HUSBAND of (or) WIFE of Hermina Hart

TE OF BIRTH (month, day, year) May 20 - 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Refiner

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto.

NAME Minrod Hart

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Catherine

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Hermina Hart

Address) 1709 E. 29th St.

RIAL, CREMATION, OR REMOVAL

lace Parkwood Date Apr. 19, 1933

DERTAKER Philip Herwig

Address) 2016 Orleans St

9 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10.10 p m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound in Abdomen (Homicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state fully

(Signed) John H. Haussner M. D.

Coroner

(Address) 367 Poland Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89648 E 89648

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., 19 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William F. Thomas

(a) Residence: No. 422 Argyle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) (State or country) Md

NAME Unknown

BIRTHPLACE (city or town) (State or country) "

MAIDEN NAME "

BIRTHPLACE (city or town) (State or country) "

FORMANT Alice Thomas
Address) 422 Argyle Ave

RIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 19 33

DERTAKER Edgar A. Adkins
Address) 1000 Argyle Ave

ED Washington Indiana, N.Y.
Registrar.

9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Apoplexy.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) George Zeller M. D.
Coroner

(Address) 303 Eastern Ave

89649

HEALTH DEPARTMENT—CITY OF BALTIMORE 89649

CERTIFICATE OF DEATH

145-001

Registered No.

1. PLACE OF DEATH University Hospital St. 18-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Waters

(a) Residence: No. 521 Lexington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Waters

6. DATE OF BIRTH (month, day, year) Mar 15, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

13. NAME OF FATHER Charles E. Hughes.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME OF MOTHER Rachel Neal

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT John Waters.

(Address) 1309 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Mar 19 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-15-33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to April 15, 1933

I last saw h.. alive on April 15, 1933 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retained placenta	4-9-33
Putrid endometritis	4-9-33

Other contributory causes of importance:

Hepatitis	4-13-33
Bronchial pneumonia	4-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. P. Abroom, Jr. M. D.

(Address) University Hospital

D. H. 1268-9

89650 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89650

CERTIFICATE OF DEATH

50

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 6045 Falls Road St. 27-01 Ward)

gth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Lula Rockwell

(a) Residence: No. 6045 Falls Road St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	t. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Rockwell

TE OF BIRTH (month, day, year) July 1891

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	42	9		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Walter S. Belt

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME Jennie ?

BIRTHPLACE (city or town) (State or country) Baltimore

FORMANT Edward Belt

Address) 6045 Falls Road

RIAL, CREMATION, OR REMOVAL

Place Green Mount Date April 19, 19 33

DERTAKER Rita Wiedefeld

Address) 914 Greenmount Ave.

1933 Registrar. 4/18/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1933 to apr 14 1933

I last saw h[illegible] alive on apr 14 1933 Death is said to have occurred on the date stated above, at 8 57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema	
Primary carcinoma of breast	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Bowerstein M. D.

(Address) 733 Aisquith St

B. B. 1268-9

651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89651

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St., 17-01 Ward)

th of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

FULL NAME Joyce Walton

(a) Residence: No. 830 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	black	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Jan 30/33

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto., Md.

NAME Curtis Walton

BIRTHPLACE (city or town) (State or country) York, Pa

MAIDEN NAME Addie King

BIRTHPLACE (city or town) (State or country) York, Pa. ~~Greenville, N?C.~~

ORMANT Addie Walton
Address)

RIAL, CREMATION, OR REMOVAL

lace Mt Auburn Date April 17 1933

DERTAKER Mrs Katie R Williams
Address) 322 N. Schroeder St.

D 1933 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LObylar Pneumonia	
Otitis Media	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Howell M. D.

(Address) 508 E Mt Royal Ave Coroner

H. D. B. 1268-9

89652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89652

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 22-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mayers (James Luther Mayers)

(a) Residence: No. 202 W. Henrietta st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Mayers

DATE OF BIRTH (month, day, year) May 15, 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Columbia
(State or country) South Carolina

13. NAME Joseph Mayers

14. BIRTHPLACE (city or town) Columbia
(State or country) South Carolina

15. MAIDEN NAME Caroline Engle

16. BIRTHPLACE (city or town) Columbia
(State or country) South Carolina

INFORMANT Hospital Records
(Address) B.C.H.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 19, 1933

UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Eutaw St.

FILED 19 Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 17, 1933

I last saw h. alive on April 17, 1933. Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis of the lungs	years 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bennett A. Stoer M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9653 E 39653

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Coleman

(a) Residence: No. 503 Clagget Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 16, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Elijah Ferguson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Harriet ?

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 4/19/33

UNDERTAKER Ernest Rehnberg

(Address) 1210 Druid Hill Ave.

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933 to April 17, 1933

I last saw h[illegible] alive on April 17, 1933 Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 mo?
Arteriosclerotic Cardio-Vasc. Disease	?

Other contributory causes of importance:

Uterine Fibro myomata	?
Uterine Prolapse and Pelvic Inflammatory Disease	?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

D. B. 1268-4

89654 E 89654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 W. Franklin St., 4-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. C. Lee

(a) Residence: No. 709 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

If married, widowed, or divorced HUSBAND (or) WIFE of Martha Lee

6. DATE OF BIRTH (month, day, year) March 28 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Greensboro N. C.

13. NAME Mrs. Lee

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Martha Lee

(Address) 709 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Cemetery Co. 4/20/33

19. UNDERTAKER Leonard C. Frumby

(Address) 815 Druid Hill Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3 1933 to April 17 1933

I last saw him alive on April 17 1933 Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pustule Carcinoma	Oct 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Taylor M. D.

(Address) 1709 Eutaw

0—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

89655

E 89655

82-007

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 600 W. Montgomery St. ST. 22-01 WARD)

2-FULL NAME Solomon McFadden. (C)

(a) RESIDENCE NO 600 W. Montgomery St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed or divorced
HUSBAND of Elizabeth McFadden (C)

ATE OF BIRTH (month, day, and year) Do not know.

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1111	------	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) (State or country) Georgia.

NAME OF FATHER Do not know.

BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

MAIDEN NAME OF MOTHER Do not know.

BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Elizabeth McFadden. (C) wife.

(Address) 1895 Dean St. Brooklyn N.Y.

Filed ... 192 ... Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

4/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL 4/19 1933

20 UNDERTAKER Isaiah L Brown Son

ADDRESS 1048 N Montgomery St

D. B. 1268-9

656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E89656

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 909 Boyd St. 18-01 Ward)

rth of residence in city or town where death occurred 5 yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Miller

(a) Residence: No. 904 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Louisa Miller

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md
State or country)

NAME Charles Miller

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Lucinda Carter

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Ada Butler

Addr[illegible]

RIAL, CREMATION, OR REMOVAL

[illegible] Date April 17, 1933

DERTAKER Walter B. Riggs

Address) 2311 Hanlon St

933 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and reinted causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

H. H. 1268-9

89657

HEALTH DEPARTMENT—CITY OF BALTIMORE

89657

CERTIFICATE OF DEATH

92-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Pronounced Dead at Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

FULL NAME Alexander Blaszczak

(a) Residence: New Battle Grove Pk Balto Co Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Blaszczak

DATE OF BIRTH (month, day, year) [redacted] 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Weber Tailor Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME John Blaszczak

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Jennie Blaszczak Wife

Address New Battle Grove Baltimore County.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date April 21 1937

UNDERTAKER George L Weber

Address 705 S Fremont Street

FILED ..... 19.. Registrar

0-1022

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on January 1 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 yr

Other contributory causes of importance:

Coronary Embolism Sudden

Name of operation — Date of .....

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James M Fenton Coroner M. D.

Address 3042 E Chase

D. B. 1268-9

89658 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89658

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 112 N. Madeira St., 6-01 Ward)

rth of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alice Milburn

(a) Residence: No. 112 N Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of George Ross

ATE OF BIRTH (month, day, year) Oct 1880

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) (State or country) Md

. NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Mary Milburn
(Address) 112 N Madeira st

RIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Apr 19 1933

NDERTAKER M. P. Elliott
(Address) 112 N. Caroline st.

D Huntington Williams M.D.
Registrar

R 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30 1931 to April 15 1933

I last saw her alive on April 15 1933. Death is said to have occurred on the date stated above, at 5-25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	Jan 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 N Caroline St

H. D. B. 1268-9

89659

HEALTH DEPARTMENT—CITY OF BALTIMORE

89659

CERTIFICATE OF DEATH

V 122-001

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. [redacted] Balto Md St. [illegible] Ward [illegible])

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Dena Hummel

(a) Residence: No. 3626 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

If married, widowed, or divorced (or) WIFE of Anthony Hummel

DATE OF BIRTH (month, day, year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Augustus Hummel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Miss. Hummel

(Address) 3626 Park Hgts. Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 20. 1933

UNDERTAKER Martin Fahrer Sons

(Address) 827 N. Howard Ave.

FILED 9 1933 [illegible]
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12. 1933. to April 17 1933. 19.....

I last saw her alive on April 17 1933 Death is said to have occurred on the date stated above, at 3 15 m AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Repair of Hernia	

Other contributory causes of importance:

Myocarditis
Arteriosclerosis

Name of operation Repair of Hernia Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert H. Ollesson M. D.

(Address) St. Agnes Hosp.

E.B. 89660

E 89660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Balto. Md St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Bennett

(a) Residence: No. 520 N. Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	28	—

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Libas Bennett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Date 4/20/33

19. UNDERTAKER Robert T. Williams
(Address) 1515 McCulloh St

20. FILED 4/18/33 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-18 1933 to 4-17 1933

I last saw h[illegible] alive on 4-17 1933 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	4-1-1933

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so specify —

4/18/33 (Signed) Chas. Heisburger M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

89661 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89661

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. 5-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Bailey

(a) Residence: No. 417 Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bailey (1872)

7. DATE OF BIRTH (month, day, year) July 24 ?

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	24	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME OF FATHER John Bailey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Alice ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred at Md. Date April 19, 1933

19. UNDERTAKER (Address)

20. FILED 1933 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1931 to April 16, 1933

I last saw him alive on April 16, 1933. Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Arteriosclerosis	? ?

Other contributory causes of importance:

Myocarditis, Chronic	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) T. O'Connell M. D.

(Address) Baltimore City Hosp.

. D. B. 1268-9

E 89662

9662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Garfield Hawkins.

(a) Residence: No. 908 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ? Nancy.

DATE OF BIRTH (month, day, year) May 22 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler - Gr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unk

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk

BIRTHPLACE (city or town) (State or country) Dorisonville Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nancy.

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records

(Address) Charles & Eds. 4/23/33

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date April 19, 1933

UNDERTAKER Geo. E. Hecks, Annapolis Md

(Address)

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10-, 1933, to 4-16, 1933

I last saw h.. alive on 4-16, 1933. Death is said to have occurred on the date stated above, at 7.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 10 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stoer M. D.

(Address) Balto City Hospitals

D. H. 1268-9

89663 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89663

CERTIFICATE OF DEATH

48

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 116 Landwehr Lane St. 20-01 Ward)

gth of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME ANNIE A. KLEMM

(a) Residence: No. 116 Landwehr Lane St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced?
HUSBAND of (or) WIFE of George Klemm

TE OF BIRTH (month, day, year) Feb. 12, 1863

E 70 Years	Months 2	Days 4	If LESS than 1 day, ... hrs. or ... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Henry Mohn

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Mrs. George Klemm
Address) Catonsville - MD.

RIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/ 19 /. 1933

DERTAKER F. BEWIPPERT & SON.
Address) 1300 EUTAW PLACE.

1933 ... MAR ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to Apr. 16, 1933
I last saw h.er alive on Apr. 15, 1933. Death is said to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis Uterus Metastasis to Bowels & Bladder	
Myocarditis Chronic Interstitial Nephritis	
Other contributory causes of importance: Pulmonary Oedema.	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert C. Klotech M. D.

(Address) 2151 Wilkens ave.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89664

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 108 Registered No.

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... y 1 mos 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Baird Jr.

(a) Residence: No. Lansdowne, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Singlr, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna E. Baird

DATE OF BIRTH (month, day, year) Oct. 15th, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5 6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Baird, Sr.

14. BIRTHPLACE (city or town) (State or country) Irland

15. MAIDEN NAME Elizabeth Irwin

16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMANT Susanna E. Baird

(Address) 3rd. Ave. & Saratoga St. Lansdowne

18. BURIAL, CREMATION, OR REMOVAL Cedarcroft Cemetery

Place Street, Md. Date 4/21/33

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

20. FILED Huntington Williams, Registrar.

1933 & AFB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to April 19, 1933

I last saw him alive on April 19, 1933. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bilateral, Lobar	Feb 28.
Bilateral Empyema	3/7/33
Bilateral Fibrino Pleurisy	"
Anterior Mediastinal Abscess (Pneumococcal)	"
	"

Other contributory causes of importance:

Mild Generalized Arteriosclerosis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9665

CERTIFICATE OF DEATH

E 89665

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 402 Normandy, Ave. St. 20-21 Ward)

ngth of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Decker

(a) Residence: No. 402 Normandy, Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emory F. Decker

6. DATE OF BIRTH (month, day, year) Feb. 21, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph H. James

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Lavina Hoff

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Gladys N. Decker

(Address) 402 Normandy, Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mayhurn Hebron Cemetery Date 4/20, 1933

19. UNDERTAKER Frederick A. Pole

(Address) 1102 W. Lanvale St.

20. FILED 1933 Huntington Williams Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to April 17, 1933

I last saw h... alive on April 17, 1933 Death is said to have occurred on the date stated above, at 5:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melano-Sarcoma of Skin	Oct 1932
Sarcoma of Spleen	

Other contributory causes of importance:

Oedema of Lungs.	4 days

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Mears M. D.

(Address) 716 Cathedral St

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9666

E 89666

CERTIFICATE OF DEATH

V 164-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5807 Bland ave St., 27-04 Ward)

th of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John B. F. Lang

(a) Residence: No. 5807 Bland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb 21 1872

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	1	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Conductor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME John B. Lang

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Elizabeth C. Lang
Address) 5807 Bland ave

RIAL, CREMATION, OR REMOVAL

lace London Park cem Date April 21. 1933

DERTAKER Geo. W. Little

Address) 2100 Edmondson ave

1933 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coma. Poison. (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) John J. Morrissey M. D.
Coroner

(Address) 2632 Roland ave

c.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89667

CERTIFICATE OF DEATH.

93-003

93 E 89667

REGISTERED NO.....

1-PLACE OF DEATH

TY OF BALTIMORE: No 1416. Jackson.St. ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia M. Moeser.

(a) RESIDENCE. No. 1416. Jackson. St. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry K. Moeser

DATE OF BIRTH (month, day, and year) June. 26. 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Gemry

10 NAME OF FATHER John Kruzrock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gemry

12 MAIDEN NAME OF MOTHER Marie Roemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gemry

Informant (Address) John H. Moeser 1416. Jackson. St.

Filed 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1933.

17 I HEREBY CERTIFY, That I attended deceased from April 2 1933 to April 17 1933

that I last saw h[illegible] alive on April 17 1933

and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Arteriosclerosis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schmuck, M. D.

, 19 (Address) 133 S. Clarke St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	April 20 1933
20 UNDERTAKER	ADDRESS 1039
E. Schloman & Son	Fulton Ave

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89668

89668

CERTIFICATE OF DEATH

Registered No. 123V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Bolton St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 10 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Wade Acton

(a) Residence: No. 1702 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma E Acton

DATE OF BIRTH (month, day, year) Aug 20 1898

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitters Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME Ethel Acton

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lena Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Ethel E Acton

(Address) 1702 Bolton St

BURIAL, CREMATION, OR REMOVAL Date 4/21, 1933

Place Lorraine Park Cem

UNDERTAKER Fitzpatrick Funeral Home

(Address) 1923 Eutaw Place

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to April 19, 1933. I last saw him alive on April 18, 1933. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Endrell Bailey M. D.

(Address) USVet Administration

FF McElroy Baltimore Md

M. D. B. 1268-9

89669 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 89669

82-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1621 Cliftview Ave 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME A. Virginia Seibold

(a) Residence: No. 1621 Cliftview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, ~~widowed, or divorced~~
~~HUSBAND of~~
(or) WIFE of Louis B. Seibold

DATE OF BIRTH (month, day, year) May 5th 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation. X

BIRTHPLACE (city or town) New Freedom Pa.
(State or country)

13. NAME Herman Smith

14. BIRTHPLACE (city or town) .....
(State or country) N. Y.

15. MAIDEN NAME Annie Freeman

16. BIRTHPLACE (city or town) Culpeper
(State or country) Va

INFORMANT Mrs Verna Gilbert

(Address) 1621 Cliftview Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodland Mem Pk Date 4/20 1933

UNDERTAKER Wm Koch

(Address) 1210 E Baltimore St

FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17 1933 to April 18 1933

I last saw her alive on April 16 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Trenton, M. D.

(Address) 1123 N Paca

D. B. 1933

89670

27177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34 E 89670

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna Feibel

(a) Residence: No. Hyde md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nicholas

DATE OF BIRTH (month, day, year) 9/22/1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Austria
(State or country)

13. NAME H. L. Remaherer

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Katherina Anne

16. BIRTHPLACE (city or town) Austria
(State or country)

INFORMANT Reeds.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 4/21 1933

UNDERTAKER Wm Groh
(Address) 1212 Fort Ave

FILED Huntington Ave. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933 to April 10, 1933

I last saw her alive on April 18, 1933 Death is said to have occurred on the date stated above, at 9 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver (Laennecs)	1926
Syphilis	?
Generalized peritonitis	4/17/33

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) James Bordley III M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

Dr Ina Fetterhoff 3400 Walbrook Ave Lit 1240

89671 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89671

CERTIFICATE OF DEATH

46

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 Linden Ave St. 14 Ward

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence May McDowell

(a) Residence: No. 1524 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Homer S. McDowell

7. DATE OF BIRTH (month, day, year) Jan 31st 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME Charles Klinesmith

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Henrietta Jones

16. BIRTHPLACE (city or town) (State or country) Pittsburg

17. INFORMANT Mrs Beatrice Fettering

(Address) 470 Wilson Ave, Sharon Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date April 20th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Filed 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 33, 19..... to 4-17-33, 19.....

I last saw her alive on 4-17-33, 19..... P. Death is said to have occurred on the date stated above, at 6.05 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomache	1 Yr ?
Other contributory causes of importance: Hypostatic Pneumonia	3 Da

Name of operation No Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ina F Fetterhoff M. D.

(Address) 3400 Walbrook Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89672 E 89672

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 N. 41st. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie E. Price

(a) Residence: No. 1212 N. 41st. St. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: David E. Price

DATE OF BIRTH (month, day, year): Aug. 15-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): /

11. Total time (years) spent in this occupation: /

BIRTHPLACE (city or town) (State or country): Harford Co. Md.

13. NAME: Benjamin F. Miller

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary A. Numbers

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs. L. Edna Garrett

(Address): 1212 N. 41st. St.

BURIAL, CREMATION, OR REMOVAL: Place: Jessups Baltimore April 20-1933

UNDERTAKER: Horace F. Burgee

(Address): 3621 Falls Road

[illegible] Registrar.

1933 B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1931 to April 18 1933

I last saw h[illegible] alive on April 18 1933 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Arteriosclerosis & Chron. Nephritis	

Other contributory causes of importance:

Name of operation: no Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury: no 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: home

Manner of injury: no

Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: no

(Signed) Wm F. Kelly M. D. M. D.

(Address) 601 Lemmon Bldg

D. B. 1268-9

9673 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89673

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Univ Hosp. St. 22-24 Ward)

gth of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Gladys M. Schultz

(a) Residence: No. 3306 Ferndale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced WIFE of (or) HUSBAND of —

DATE OF BIRTH (month, day, year) March 7, 1900

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
33	1	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER A. H. Schultz

BIRTHPLACE (city or town) (State or country) Sweden

MAIDEN NAME OF MOTHER Emma V Rolfes

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Emma Schultz

(Address) 3306 Ferndale

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Apr 21 '33

UNDERTAKER Wm J Tschudi & Son

(Address) North & Pulaski Sts

FILED 1933 Huntington Williams Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 19, 1933

I last saw her alive on April 19, 1933. Death is said to have occurred on the date stated above, at 4.15 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis - bilateral.	June 1926
Other contributory causes of importance: Acute spontaneous pneumothorax - right.	4-14-33

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Savage, M. D.

(Address) Univ Hosp.

1-30—M. & T.—250 Blks

9674 HEALTH DEPARTMENT—CITY OF BALTIMORE 59 E 89674

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2814 Kentucky Ave. ST. 28-01 WARD)

FULL NAME William Hunt.

RESIDENCE NO. 2814 Kentucky Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence is city or town where death occurred 61 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
e	White	Single

rried, widowed, or divorced USBAND of) WIFE of

E OF BIRTH (month, day, and year) October 25, 1871

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	22 23	

PATION OF DECEASED

Trade, profession or cular kind of work Cement inspector.

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

PLACE (city or town) or country) Baltimore, Md.

AME OF FATHER Charles E. Hunt.

RTHPLACE OF FATHER (city or town) ate or country) Baltimore, Md.

AIDEN NAME OF MOTHER Mary J. Moore.

RTHPLACE OF MOTHER (city or town) te or country) Baltimore, Md.

rmant Edna Hunt. (sister)
ress) 2814 Kentucky Ave.

19 Huntington Ind. Undertaker

20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1933

17 I HEREBY CERTIFY, That I attended deceased from September 16, 1932 to April 17th 1933, that I last saw him alive on April 17th 1933, and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Millitus.

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

4/18/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment Lorraine Cem. April 20 1933

DATE OF BURIAL

20 UNDERTAKER Hutton & Stevenson

ADDRESS 3001 Kentucky Ave

D. B. 1268-9

89675 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89675

CERTIFICATE OF DEATH

10T-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 14-W Ward)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

2. FULL NAME Jean Irene Paul

(a) Residence: No. 322 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bacro, Md

13. NAME OF FATHER James Paul

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Lillian Smith

16. BIRTHPLACE (city or town) (State or country) St. Marys Co.

17. INFORMANT James Paul

(Address) 322 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date April 20th, 1933

19. UNDERTAKER Archibald F. Caddis

(Address) 2101 E. Baltimore St.

APR 20 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to April 18, 1933

I last saw h.e.r alive on April 18, 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary	
Broncho-pneumonia	4-17-33
Other contributory causes of importance:	

Name of operation None Date of None

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John C. Dunton, M. D.

(Address) 108 Atlantic Ave. Balto. Md.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9676 — 9676

CERTIFICATE OF DEATH

108

Registered No. .....

PLACE OF DEATH St. Josephs Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 27-01 Ward)

gth of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Madeline R. Keenan

(a) Residence: No. 3019 Fleetwood Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of James Keenan

TE OF BIRTH (month, day, year) Feb. 26, 1904

E	Years	Months	Days	If LESS than 1 day
	29	I	26	#####

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) New York New York (State or country)

NAME Joseph Conrad

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Minnie Kennedy

BIRTHPLACE (city or town) (State or country) Germany

FORMANT (Address) James Keenan 3019 Fleetwood Ave.

RIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. April 21, 1933

place ... Date ...

DERTAKER Address ...

ED APR 20 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1933, to Apr. 18, 1933

I last saw h alive on Apr. 18, 1933 Death is said to have occurred on the date stated above, at 1:12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/5/33
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

ture of injury ...

24. Was disease or injury in any way related to occupation of deceased?

...If so, specify ...

... M. D.

(Address) St. Josephs Hospital

H. D. B. 1268-9

107-001

677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89677

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1733 N. Caroline Street St., 8-N Ward)

Length of residence in city or town where death occurred 60 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B Manning

(a) Residence: No. 1733 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Scully Manning

DATE OF BIRTH (month, day, year) Oct. 1, 1859.

AGE Years	Months	Days	If LESS than 1 day, hours or min.
73	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Seneca Falls
(State or country) New York

13. NAME OF FATHER Thomas Manning

14. BIRTHPLACE (city or town) New York
(State or country)

15. MAIDEN NAME OF MOTHER Jeannette MacClerens

16. BIRTHPLACE (city or town) New York
(State or country)

INFORMANT James Manning
(Address) 1733 N. Caroline Street

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. April 21, 1933

UNDERTAKER
(Address)

FILED APR 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933 to April 7, 1933

I last saw him alive on April 7, 1933 Death is said to have occurred on the date stated above, at 1245 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/18/33
Other contributory causes of importance: Chronic Bronchitis Contr. Feb-21-1933- Finally, Coma	Dec 1932

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. V. Handelman M. D.

(Address) 216 N. Caroline St.

Co. 5-31 250B

89678 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

E 89678

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1810 Morrell Park Ave St. 25-01 Ward)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Johanna Koenig

a) Residence: No. 1810 Morrell Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of
or) WIFE of George Koenig

TE OF BIRTH (month, day, year) Aug 3/1863

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town)
State or country) Germany

NAME Henry Herbig

BIRTHPLACE (city or town)
(State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town)
(State or country) Germany

FORMANT Mrs Anna Funk (daughter)
Address) 1810 Morrell Park Ave

IAL, CREMATION, OR REMOVAL
Date

DERTAKER
Address)

R 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to Apr 16/33, 19

I last saw her alive on Apr 16/33 19 death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Apr 10/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address)

B. 1268-9

679 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89679

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1419 DeCalvy St. 24-C Ward)

th of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME Beard R. Nimrs

(a) Residence: No. 1419 DeCalvy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
n	White	Married

married, widowed, or divorced HUSBAND of or) WIFE of

TE OF BIRTH (month, day, year) Dec 11, 1932.

E Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country)

NAME Robert Nimrs

BIRTHPLACE (city or town) Mayport, Pa.
(State or country)

MAIDEN NAME Ethel Mabry

BIRTHPLACE (city or town) Harrisburg, Pa.
(State or country)

FORMANT Mrs Ethel Nimrs

Address) 1419 DeCalvy

RIAL, CREMATION, OR REMOVAL

lace Mabry (Tox) Date April 22 . 1933

DERTAKER Charles F. Thevens

Address) 1501 Eutaw

ED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 . 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14 . 1933 to June 19 . 1933

I last saw her alive on June 18 . 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Uraemia Chronic Nephritis — Date of onset 1913

Other contributory causes of importance:

Arterial Hypertension Confirmed

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D.

(Address) 215 Hanover

. B. 1268-9

Louise Mapson

89680 HEALTH DEPARTMENT—CITY OF BALTIMORE 89680

CERTIFICATE OF DEATH

71-001

PLACE OF DEATH Baltimore City Hospls

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1 Balto Md St. 17-01 Ward)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Louise Johnson or Mapson

(a) Residence: No. 1305 Division St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 11-21-18

E Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
14	4	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Student

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) N. Carolina

NAME James Mapson

BIRTHPLACE (city or town) (State or country) N. Carolina

MAIDEN NAME Mary Hallowell

BIRTHPLACE (city or town) (State or country) N. Carolina

ORMANT Records

Address) Baltimore City Hospls.

RIAL, CREMATION, OR REMOVAL

ace Mt. Calvary Date 4/20/33

DERTAKER Mrs. Roger O. Holland

Address) 1639 Druid Hill Ave

R 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1933 to 4-17-1933

I last saw h.. alive on 4-17-1933. Death is said to have occurred on the date stated above, at 1.50 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Spinal Meningitis	4/11/33
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Goodman M. D.

(Address) Baltimore City Hospitals

9681

E 89681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Clinton St. St., Ward) Local

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARIE WICK.

(a) Residence: No. 705 S. Clinton St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Wick.

DATE OF BIRTH (month, day, year) Aug. 9 1898.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adam Fleckenstein.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Demling.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mary Fleckenstein (Mother)
(Address) 705 S. Clinton St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Apr. 21, 33.

UNDERTAKER Gilbert Bailey Inc.
(Address) 403 S. Wolfe St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932 to April 18, 1933

I last saw h[illegible] alive on April 16, 1933. Death is said to have occurred on the date stated above, at About 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	1yr
Other contributory causes of importance:	
Complications	1 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. S. Fleming M. D.

(Address) 6??? [illegible]

D. B. 1263-9

E 89682

89682 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 186-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 220 E. University Parkway St., 12-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. McDevitt

(a) Residence: No. 220 E. University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 6th. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward McDevitt

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah McDevitt
(Address) 220 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery. Date April 21st. 1933

19. UNDERTAKER Chas. F. Bauer & Son
(Address) 118 W. Mt. Royal Ave.

[illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17th 1933 to April 18th 1933

I last saw h[illegible] alive on April 18th 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	4-18-33
O.K. Coroner J. Mooney	
Other contributory causes of importance:	
Hypertension arteriosclerotic	10 yrs.
Inter capsular fracture, Femur.	3-17-33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 3-17- 1933

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Premises 7 Fence.

Manner of injury Fell in concrete walk.

Nature of injury Fracture Right Femur.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) George E. Cross, M. D.

(Address) 28 W 25th St.

D. B. 1268-9

E 89683

9683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto 2nd St., 7-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Johnson

(a) Residence: No. 611 W. Conway St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Pleasure Johnson

DATE OF BIRTH (month, day, year) Jan 2 1-

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Balto.

10. NAME Jones Johnson

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME Carrie Scott

13. BIRTHPLACE (city or town) (State or country) Md Balto.

14. INFORMANT Records City Hospitals (Address)

15. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cem Date 4/21 1933

16. UNDERTAKER Wootten B. Gonyes (Address) 1529 W. Hamburg St.

17. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15. 33

22. I HEREBY CERTIFY That I attended deceased from Apr. 11 1933 to Apr. 15 1933

last saw him alive on Apr. 15 1933 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?

Other contributory causes of importance:

Bron Chopneumonia	Apr. 12, 1933
Secondary anemia	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-15-33 (Signed) Ellen Kibler M. D.

(Address) Balto City Hospitals

. B. 1268-9

684 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89684

CERTIFICATE OF DEATH

V 46

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 443 E Lanvale St. 17-01 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Earl Allison Evans

(a) Residence: No. 443 East Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Florence M Evans

TE OF BIRTH (month, day, year) Nov 16—1875

E Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

Date deceased last worked at this occupation (month and year) Mar 7 1932

11. Total time (years) spent in this occupation Life

RTHPLACE (city or town) Quantico
State or country) Md

NAME William C Evans

BIRTHPLACE (city or town) Quantico
(State or country) Md

MAIDEN NAME Victoria Gordy

BIRTHPLACE (city or town) Eastern Shore
(State or country) Md

FORMANT Earl A Evans (Jr)
Address) 443 E Lanvale St.

RIAL, CREMATION, OR REMOVAL

Place Louden Park Date April 20, 1933

DERTAKER Charles P Powell
Address) 2904 Edmondson Ave.

P 1933 Huntington Wilkinson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930 to April 18th, 1933

I last saw him alive on April 18th, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Carcinoma.	5-1-30

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Gordy, M. D.

(Address) Norfolk & Cleveland Ave

. B. 1268-9

685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89685

V 93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. En route to City Hosp St. 3-01 Ward)

th of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dominick Mezzanotti

(a) Residence: No. 921 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of Mary Mezzanotti

TE OF BIRTH (month, day, year) March 1 1883

Years	Months	Days	If LESS than 1 day, hrs. or min.
50 53	1	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

RTHPLACE (city or town) Italy
State or country)

NAME Michael Mezzanotte

BIRTHPLACE (city or town) Italy
(State or country)

MAIDEN NAME Philomina Santina

RIRTHPLACE (city or town) Italy
(State or country)

ORMANT Mary Mezzanotte
Address) 921 Eastern Ave

RIAL, CREMATION, OR REMOVAL

ace Holy Redeemer Date April 28 1933

DERTAKER Wengell & Appel
Address) 300 S Eden St.

ED ..... Registrar.

1933 F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. E. Norgaard M. D.
Coroner

(Address) 300 N Patterson Park Ave

1-30—M. & T.—250 Bks

E 89686

39686 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH.

PLACE OF DEATH

OF BALTIMORE: (NO. 42 N. Hilton St. ST. 20-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Emma Kirchhoff

RESIDENCE NO. 42 N. Hilton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 59 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...nde	White	Married

...rried, widowed, or divorced (HUSBAND) of) WIFE of John Harry Kirchhoff

...E OF BIRTH (month, day, and year) Sept 15 1874

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59		4	

...PATION OF DECEASED

...Trade, profession or ...cular kind of work Housewife

...General nature of industry, ...ess, or establishment in ...h employed (or employer)

...ame of employer

...HPLACE (city or town) Baltimore Md.

...AME OF FATHER J Henry Schriver

...RTHPLACE OF FATHER (city or town) ...ate or country) Berlin Md

...AIDEN NAME OF MOTHER Elizabeth Lemmert

...RTHPLACE OF MOTHER (city or town) ...ate or country) Maryland

...rmant... John Harry Kirchhoff

...dress) 42 N Hilton St

1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1933

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to April 19, 1933,

that I last saw h... alive on April 19, 1933,

and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
with Ulceration Right Lung
Chronic Passive Congestion

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac failure - Myocarditis

(duration) 28 yrs. ... mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Nicholas L Bonelli, M. D.

, 19 (Address) 3316 Fredericke Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Apl 22 1933

20 UNDERTAKER Harry W Inmacoat & Son

ADDRESS 42nd Ridgewood Ave

Co. 5-31 250B

E 89687.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9687

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 820 Hollins St. 18-01 Ward)

th of residence in city or town where death occurred 6 yrs. 44 mos. ds. How long in U.S. If of foreign birth? yrs. 48 mos. ds.

FULL NAME Josephine Bindok

(a) Residence: No. 820 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nde	White	Widowed

married, widowed, or divorced
HUSBAND of
(or ~~WIFE~~) of Joseph Bindok

TE OF BIRTH (month, day, year) 1871

E Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) LITHUANIA
State or country)

NAME JANOVITZ

BIRTHPLACE (city or town) LITHUANIA
(State or country)

MAIDEN NAME Do not Know

BIRTHPLACE (city or town)
(State or country) LITHUANIA

FORMANT EDWARD BINDOK
Address) 820 Hollins St.

RIAL, CREMATION, OR REMOVAL
lace Holy Redeemer Date April 21 1933

DERTAKER Chas B. Kuchajeckas
Address) 637 S Paca St.

ED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan', 1932 to April 18, 1933

I last saw h er alive on April 18, 1933 death is said to have occurred on the date stated above, at 6 27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1 da

Other contributory causes of importance: Left Cerebral Hemorrhage 2 da
Chronic Cardio-Vascular Renal Dis. 5 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph J Laukaitis M. D.

(Address) 659 Washington Blvd

H. D. B. 1268-9

9688 Howser

HEALTH DEPARTMENT—CITY OF BALTIMORE 9688

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Light St St. 24-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcia Howser

(a) Residence: No. 1735 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob H Howser

DATE OF BIRTH (month, day, year) 4 30 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	11	18	12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob Baumgarten

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosella Michael

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Howser

(Address) 1735 Light St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 4/21 1933

UNDERTAKER John J. Tuohy Son

(Address) 1318 Light St

FILED 4/19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932 to April 18, 1933

I last saw her alive on April 17, 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Indef.	
Other contributory causes of importance:	
Broncho Pneumonia	4/16/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed H. B. L. Cornwell M. D.

4/19/33 (Address) 1647 Hanover St

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89689

CERTIFICATE OF DEATH

E 89689

93-007

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 122 N. Milton Ave St., 6-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Curtis Stanley

(a) Residence: No. 122 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	Marrird

married, widowed, or divorced
HUSBAND of (or) WIFE of Clara M. Stanley

TE OF BIRTH (month, day, year) April 30/1854

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Master Coppersmith

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 68

RTHPLACE (city or town) State or country) Balto., Md.

NAME James T. Stanley

BIRTHPLACE (city or town) (State or country) Phila., Pa.

MAIDEN NAME Elizabeth D. Rose

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

ORMANT Clara M. Stanley
Address) 122 N. Milton Ave.

RIAL, CREMATION, OR REMOVAL

ced London Park Date April 21. 1933

DERTAKER Wm F Downs
1933 Eutaw St.

. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11.55 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
th	
Other contributory causes of importance:	
General Arteriosclerosis (Senile)	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 508 E. [illegible] Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89690 E 89690

CERTIFICATE OF DEATH

X 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George E. Thomas.

(a) Residence: No. Hudson, Dorchester Co. St., ... Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Thomas.

6. DATE OF BIRTH (month, day, year) August 11. 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	46		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

8b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4-6-1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John A Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Ida S Selden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ... M Bellows

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date April 22 1933

19. UNDERTAKER Granville S Lecompte

(Address) 114 Race St Cambridge Md

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8. 1933. to April 19. 1933

I last saw h... alive on April 19. 1933 Death is said to have occurred on the date stated above, at 8.24 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Unknown
Shock.	4.11.33

Other contributory causes of importance:

Name of operation Resection + removal of rectum Date of 4-11-33

What test confirmed diagnosis? Surgical Was there an autopsy? 4-15-33 No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard L. Bruce M. D.

(Address) Mercy Hospital

2-29-28—L. F. S.—500 Bks.

89691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89691

107-001

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 226 N Linwood Ave ST. 6-01 WARD)

—FULL NAME John Dittrich

) RESIDENCE NO. 226 N. Linwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widowed

arried, widowed, or divorced
HUSBAND of
or) WIFE of Margaret Dittrick

E OF BIRTH (month, day, and year) July 2, 1848

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
85	9	17	

PATION OF DECEASED

Trade, profession or icular kind of work Ice Peniored

General nature of industry, ness, or establishment in h employed (or employer) 000

Name of employer

HPLACE (city or town) Germany
te or country)

NAME OF FATHER Not known

IRTHPLACE OF FATHER (city or town) Germany
State or country)

MAIDEN NAME OF MOTHER Not known

IRTHPLACE OF MOTHER (city or town)
State or country) Germany

formant Mrs. Wm. F. Withers.

Address) 226 N Linwood Ave.

ed 1933 19 Washington D.C., [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19, 1933

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 19, 1933

that I last saw h[illegible] alive on April 19, 1933

and that death occurred, on the date stated above, at 8 05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

CONTRIBUTORY (Secondary) Arterio Sclerosis (Senile) (duration) yrs. mos. 5 ds.

Chronic (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no Physical findings

What test confirmed diagnosis?

(Signed) Millard H. Cumming, M. D.

4/19, 1933 (Address) 2310 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer.	4/22/1933
20 UNDERTAKER	ADDRESS
Louis Steinmann & Son	32 S. Broadway

D. B. 1268-9

71897

HEALTH DEPARTMENT—CITY OF BALTIMORE

9692

E 89692

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Signor

(a) Residence: No. Port Tobacco St., ... Ward. Charles Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Leslie

6. DATE OF BIRTH (month, day, year) 12-14-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Car

13. NAME John Willing

14. BIRTHPLACE (city or town) (State or country) S Car

15. MAIDEN NAME Pamela Marie

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place return to A 6 Date Apr 20 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED ..... 19..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1933 to Apr 20 1933

I last saw h[illegible] alive on Apr 20 1933 Death is said to have occurred on the date stated above, at 3.50 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus ? metastatic from breast	2-1-32

Other contributory causes of importance:

Completely obstructing carcinoma of esophagus causing death from starvation

Name of operation Jejunostomy Date of 4-16-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H Campbell M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89693

89693

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Brentwood ave St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ignatius Brown

(a) Residence: No. 1133 Brentwood ave St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (~~WIFE~~) Victoria L. Brown

DATE OF BIRTH (month, day, year) Oct. 19-1862

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Cassidy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Joseph Brown
(Address) 1133 Brentwood ave

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 22, 33

UNDERTAKER John A. Morgan
(Address) 3000 E. Balto St.

1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933, to April 18, 1933.

I last saw him alive on April 18, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3.31.33

Other contributory causes of importance:

Arteriosclerosis	3 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M. Fenton M. D.

4/20/33 Address) 700 E. Chase

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89694

CERTIFICATE OF DEATH

V 48 E 89694

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 607 N. Bentalou St. 16-01 Ward)

th of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Carrie Florence Brazier,

(a) Residence: No. 607 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
USBAND of (or) WIFE of George W. Brazier,

TE OF BIRTH (month, day, year) July 2, 1874

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8 9	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) New Freedom Penna.

NAME William H. Nonemaker,

BIRTHPLACE (city or town) (State or country) Pennsylvania

MAIDEN NAME Sue Garver,

BIRTHPLACE (city or town) (State or country) New Freedom Penna.

ORMANT Geo W Brazier
ddress) 607 N. Bentalou St.

IAL, CREMATION, OR REMOVAL
ace Lorraine Date APR 22 1933 19....

ERTAKER Geo W Little
ddress) 2700 Edmondson Ave.

D 1933 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Apr 20 1933

I last saw h.. alive on Apr 19 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and Colon	2 yrs

Other contributory causes of importance:

Chr Myocarditis	5 yrs

Name of operation none Date of ..... 19..

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Cole Bowers M. D.

(Address) New Freedom, Pa.

H. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89695

CERTIFICATE OF DEATH

E 89695

Registered No. 7/922

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Length of residence in city or town where death occurred 29 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William Burriss

(a) Residence: No. 406 E. Lorraine Ave St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Burriss

DATE OF BIRTH (month, day, year) Feb. 15, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Burriss

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/22 19 33

UNDERTAKER Henry H. Mears and Son
(Address) 805 N. Calvert Street

FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933 to April 19, 1933

I last saw h alive on April 18, 1933 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	

Other contributory causes of importance:

Veterlus

Name of operation Resection Rectum Date of Apr 17

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ridgeway Trimble M. D.

(Address) Johns Hopkins

M. & T.—100 B—50L

89696

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 89696

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Y OF BALTIMORE: (No.) 1809 N. Calvert ST. 12-01 (WARD)

2-FULL NAME Harriet Hereford Shaw

(a) RESIDENCE NO 1809 N. Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 25 yrs. -- mos. --- ds. How long in U. S., if of foreign birth? --- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of J. J. Forbes Shaw

TE OF BIRTH (month, day, and year) Sept. 4, 1874

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	7	15	

CUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 637
(b) General nature of industry, business, or establishment in which employed (or employer) Home work
Name of employer at home

THPLACE (city or town) Union
te or country) West Virginia

NAME OF FATHER Frank Hereford

IRTHPLACE OF FATHER (city or town) ------
State or country) Virginia

MAIDEN NAME OF MOTHER Alice B. Caperton

IRTHPLACE OF MOTHER (city or town) -------
State or country) West Virginia

rmant Forbes Shaw

ddress) 1809 N. Calvert Street

933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 19 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) Sudden yrs. mos ds.

CONTRIBUTORY (Secondary) Had Diabetes Mellitus (duration) 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) James M Fenton, M. D. Coroner

(Address) 7002 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 4/21 19 33

20 UNDERTAKER Henry U. Mears

ADDRESS 1805 N. Calvert

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9697

CERTIFICATE OF DEATH

E 89697

V 59

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Lenw. Hospital St. 19-01 Ward)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna Grahame

(a) Residence: No. 420 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, ~~or divorced~~ Unknown

TE OF BIRTH (month, day, year) About 1860

E Years	Months	Days	If LESS than 1 day hrs. or min.
out 73	2.	2.	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins University

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

RTHPLACE (city or town) (State or country) N. C.

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

ORMANT Margaret Wanstall

Address) 41 Christopher st.

RIAL, CREMATION, OR REMOVAL

lace London Park Date April 22nd 1933

DERTAKER Wm Cook

Address) 1217 St Paul St

1933 Huntington Printing Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933 to April 19, 1933

I last saw her alive on April 19, 1933 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unknown
Diabetic Coma.	
Myocardial fibrosis & decompensation	Unknown
Other contributory causes of importance:	
Generalized arteriosclerosis	Unknown
Pulmonary Edema	April 18 1933
Hypostasis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Path. lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Savage M. D.

(Address) Lenw Hosp

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89698

CERTIFICATE OF DEATH

V46 E 89698

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Irene Cammiff

(a) Residence: No. 1226 N. Calvert St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George F Cammiff

DATE OF BIRTH (month, day, year): Sept 10 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Berlin, Md

13. NAME: Anna McKenna

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine Mooney

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT (Address): Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: April 22nd 1933

UNDERTAKER (Address): Wm Cook 1217 St Paul St Huntington Volunteer Fire Dept

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/19/1933

22. I HEREBY CERTIFY, That I attended deceased from 3/18/1933 to 4/19/1933

I last saw h[illegible] alive on 4/19/1933 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Esophagus	4 months
2.	
3.	
4.	

Other contributory causes of importance:

1. Bronchopneumonia	4-5 days
2.	
3.	

Name of operation: Gastrostomy (Tentative) Date of: 3/22/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Gordon M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

89699 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89699

CERTIFICATE OF DEATH

2-10252 Surgical

53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert M. Harner

(a) Residence: No. 406 Markland Ave Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 11-1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Harner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Addie Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 22nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to April 19, 1933.

I last saw h.im. alive on April 19, 1933. Death is said to have occurred on the date stated above, at 12.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Sternum, Mediastinum, Secondary anemia	Unknown

Other contributory causes of importance:

Name of operation Diathermy glands of neck Date of 3/16/32

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huston J McHardy M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89700

89700

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001 Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... ds.

2. FULL NAME Conrad Schmidt

(a) Residence: No. 4012 Orchid Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or WIFE) Helena Schmidt

DATE OF BIRTH (month, day, year) Jan. 18, 1841

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Shop

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (yrs.) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Conrad Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helena Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date April 22nd 1933

19. UNDERTAKER 424 Cook
(Address) 1217 E. Paul St.

20. FILED 1933 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933 to April 19, 1933

I last saw him alive on April 9, 1933 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular disease	?
Other contributory causes of importance: Broncho-pneumonia	4/07/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm. Bruce Isbester M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89701

701

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Joseph's Hosp. St., 9-Oak (Ward)

TY OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Agnes Cush (Sister Mary Corneilia)

(a) Residence: No. St. Mary's Convent Town St.; ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X Female	4. Color or Race White Caucasian	5. Single, Married, Widowed, or Divorced (write the word) Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 12/8/81

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	[redacted]	4	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Brooklyn N.Y.
(State or country)

NAME Michael Cush

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME Elizabeth Moran

BIRTHPLACE (city or town) Brooklyn
(State or country) New York

FORMANT Thos. F. Cush

Address 285-Crescent St. Brooklyn N.Y.

RIAL, CREMATION, OR REMOVAL

lace Holy Redeemer Date 4-21-33, 19

DERTAKER (Geo. J. Roth Inc.

Address 35 4th. St. Coney Island

1933 Washington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to April 17, 19 33

I last saw h[illegible] alive on April 17, 19 33. Death is said to have occurred on the date stated above, at 8:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal Disease	
Primary Cerebral Hemorrhage	4/14/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Rozendale, M. D.

(Address) St. Josephs Hospital

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3702

CERTIFICATE OF DEATH

131 E 89702

PLACE OF DEATH Good Shepherd Gen. Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1512 N. Gilmor St., 6-C Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elsie Cole

(a) Residence: No. 219 Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	A.A.	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of Rep. to 1897

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
34 yrs	3	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 27°

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto (State or country) Md

. NAME Thomas L. Cole

. BIRTHPLACE (city or town) Balto (State or country) Md

. MAIDEN NAME Lottie Thompson

. BIRTHPLACE (city or town) Balto (State or country) Md

FORMANT Thomas Cole

(Address) 219 Montford Ave

RIAL, CREMATION, OR REMOVAL

Place Asbury Cemtry Date April 22 1933

DERTAKER Hilton, Wm

(Address) 41 E. Lexington St

P 1933 Lexington Hilton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/17 . 1933 to 4/18 . 1933

I last saw her alive on 4/18 1933. Death is said to have occurred on the date stated above, at 5 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvulitis	Rush
Chr. Myocarditis	
Chr. Nephritis	
Generalized Anasarca	1 wk

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89703

89703

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Nottingham Road 28-41 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie F. Cox

(a) Residence: No. 619 Nottingham Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel R. Cox.

6. DATE OF BIRTH (month, day, year) Dec 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME Ernest Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry J. Cox.
(Address) Ferndale Md. First Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Apr 22, 1933

19. UNDERTAKER Mrs. Mrs. John D. Gaupel & Son
(Address) 801 N. Fayette St.

20. FILED Apr 24, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1933 to April 20th, 1933

I last saw her alive on April 19, 1933 Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1932
Other contributory causes of importance: Mitral regurgitation	1929

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lyman Brosius M. D.

(Address) 2602 W. North Ave

D. B. 1268-0

9704 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89704

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St., 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ivy Litchfield

(a) Residence: No. 331 Breck avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John A.

6. DATE OF BIRTH (month, day, year) 1-3-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Simeon Seylert

14. BIRTHPLACE (city or town) (State or country) Waynesboro, Penna

15. MAIDEN NAME OF MOTHER Louisa Frantz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date April 22, 1933

19. UNDERTAKER E. Thos. Scott & Son
(Address) 2615 N. Eutaw St.

20. FILED April 19, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1933 to 4-19, 1933

I last saw her alive on 4-19, 1933. Death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease and uremic edema	1929
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-19-33 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

I. D. B. 1268-9

89705 HEALTH DEPARTMENT—CITY OF BALTIMORE B 89705

89705 Ped.

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Powell

(a) Residence: No. 1939 (Usual place of abode) Pennsylvania Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 13-1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	10 9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Andrew Powell

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Bertha Woods

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date April 21, 1933

UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St.

FILED 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1933 to 4-19-, 1933

I last saw him alive on 4-19-, 1933. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Septicemia ?	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ann G. Kuttner, M. D.

(Address) Johns Hopkins Hosp.

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89706

CERTIFICATE OF DEATH

705

93-003

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 940 W. Fayette St., 18-01 Ward)

th of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eliza Ramsay

(a) Residence: No. 940 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widowed

married, widowed, or divorced
USBAND of (or) WIFE of Eli Ramsay

TE OF BIRTH (month, day, year) 9-9-1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 70

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) N. C

NAME Unknown

BIRTHPLACE (city or town) (State or country) N. C.

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) N. C.

ORMANT Mary Franklin

Address) 940 W. Fayette St

RIAL, CREMATION, OR REMOVAL

ace Mt Auburn Cemetery Date April 21, 19 33

DERTAKER Thomas E. Kelson

ddress) 1393 Pressman St

B 1333 Pennsylvania Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Eugene Grilly Coroner, M. D.

(Address) 2753 Eastern Ave

D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89707

9707

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Ponca. St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C Whalen.

(a) Residence: No. 503 S Ponca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. E Whalen.

7. DATE OF BIRTH (month, day, year) March 7 1858

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Thos. O. Connor.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME OF MOTHER Margt. Collins

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Kate Whalen Daughter

(Address) 503 S Ponca.

18. BURIAL, CREMATION, OR REMOVAL

Place St Patrick Date 4-24-33

19. UNDERTAKER E + B Forde

(Address) 115 E Mad St

FILED 1933 - 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to apl 20 1933

I last saw h[illegible] alive on apl 14 1933. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Cardiac dilatation	

Name of operation — Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. L. Smith M. D.

(Address) 129 St Paul St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 89708

89708

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Provident Hospital 14-01 St., ... Ward)

gth of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Edwards

(a) Residence: No. 1628 Pierce St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	married

... married, widowed, or divorced HUSBAND of (or) WIFE of Albert Edwards

TE OF BIRTH (month, day, year) March 8 1902

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	1	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia

NAME Arthur Winters

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Priscilla Pemberton

BIRTHPLACE (city or town) (State or country) Va

ORMANT Wm Winters

(Address) 505 N. Arlington Ave

RIAL, CREMATION, OR REMOVAL

ace ... Date Feb 21 1933

DERTAKER

(Address) 632 E Lanvale

Feb 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury & autopsy to ... 19...

I last saw h alive on Injury + autopsy Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right Humerus	
Embolism	
Other contributory causes of importance:	
Automobile Accident	4/15/33

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/15 1933

Where did injury occur? 1500 Block Mosher St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile while walking across Mosher St

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny M. D.

(Address) 220 E Madison St

89709
M. D. B. 1268-9

E 89709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles D Brown

(a) Residence: No. 73 Pleasant St., Annapolis, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 14 - 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Mrs Sophie Brown

(Address) 91 1/2 St Annapolis-Md

BURIAL, CREMATION, OR REMOVAL

Place Brown Hill Date 4/24 1933

UNDERTAKER Lloyd R Gross & Son

(Address) 638 N Gilmor

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1933, to 4-20, 1933

I last saw him alive on 4-20, 1933. Death is said to have occurred on the date stated above, at 12.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4-16-33

Other contributory causes of importance:

Hypertensive Cardiovascular Renal Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. H. Harris, M. D.

(Address) Provident Hospital

Z. D. B. 1268-9

9710 HEALTH DEPARTMENT—CITY OF BALTIMORE E89710

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Kamanitz

(a) Residence: No. 3313 W. Garrison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Goldie ?

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Europe

13. NAME Louis Europe

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Records Balto City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Sinai Cemetery Date 4-4- 1933

UNDERTAKER Jack Reiss Inc.

(Address) 1431 E. Baltimore St.

FILED 4-4- 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-33

22. I HEREBY CERTIFY, That I attended deceased from 3-20-33 to 4-20-33

I last saw him alive on 4-20-33 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3/7/31

Other contributory causes of importance: None

Name of operation None Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

4-20-33 (Signed) Elmer Hochberger M. D.

(Address) Balto. City Hospitals

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89711

9711

Registered No. 176-004

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) Rear 1824 Linden Ave. (St.) 14-01 (Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Isidor Shapiro.

(a) Residence: No. 1826 Linden Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced, HUSBAND of (or) WIFE of Rose

TE OF BIRTH (month, day, year) Apr. 5-1893

Years	Months	Days	If LESS than 1 day, hrs. or min.
40		14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Russia

NAME Aaron Shapiro

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Zitlo.

BIRTHPLACE (city or town) (State or country)

DRMANT (Address) 1826 Linden Ave

RIAL, CREMATION, OR REMOVAL Date 4/21/33 19

DERTAKER (Address) Chas. Sentz Inc. 1439 E. Baltimore St.

ED Huntington Avenue, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accident

Asphyxiated

Carbon monoxide

Other contributory causes of importance:

Date of onset

Gas

Sudden

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Rear 1824 Linden Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury In Garage

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Linthicum M. D.

Coroner

(Address)

D. H. 1268-0

E 89712

712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

PLACE OF DEATH Levindale

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Belvedere & Greenspring Ward)

26

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 15 yrs. ..... mos. ..... ds.

FULL NAME Leah Stein

(a) Residence: No. Levindale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Newton Stein 1861

TE OF BIRTH (month, day, year) 1859

E 72 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Russia
State or country)

NAME [illegible]

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT Sigmund Pumbach
Address) Belvedere & Greenspring

RIAL, CREMATION, OR REMOVAL

lace Levindale Date 4-21- 33

DERTAKER Jack Levin Inc.
Address) 1433 E Baltimore St

ED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1933, to 4-21, 1933

I last saw h alive on 4-20, 1933 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci Sore Throat	4-18-33

Other contributory causes of importance:

Chr. card. Valvular disease.
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify. .....

(Signed) M Edmund Levin, M. D.

(Address) Levindale

9713 L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89713

CERTIFICATE OF DEATH

131

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1902 Madison Ave ST., 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Amanda Menifee

a) RESIDENCE NO. 1902 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of Flowers

E OF BIRTH (month, day, and year) May 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1		

UPATION OF DECEASED

Trade, profession or icular kind of work none

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

THPLACE (city or town) te or country) Va

NAME OF FATHER Reubden Boles

BIRTHPLACE OF FATHER (city or town) Va
(State or country)

MAIDEN NAME OF MOTHER Carolina ?

BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

nformant Flowers Menefee

Address) 1902 Madison

led ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to April 19, 1933,

that I last saw h Ex alive on April 17, 1933

and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

Cardio-renal vascular disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. McCard, M. D.

4/21, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 4/21/1933

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1021 Druid Hill Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B9714

B9714

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (No. 01 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Over 15 months

2. FULL NAME Effie Jane Ward

(a) Residence: No. 103 Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of 1912

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~cook~~ Garage

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Willie Wood

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emily Scott.

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT ..... Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4—21 33

UNDERTAKER Daniel Easter

(Address) 916 Pa ave

FILED Harriet Tubman Funeral Register

APR 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1933 to 4-18, 1933

I last saw h alive on 4-18, 1933 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	3-27-33
Spontaneous Pneumathorax	4-17-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hosp.

. D. B. 1268-9

89715

HEALTH DEPARTMENT—CITY OF BALTIMORE 89715

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Goodwood Rd St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? 55 yrs. 0 mos. 28 ds.

2. FULL NAME Albert Rhett Stuart

(a) Residence: No. 303 Goodwood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hughes Stuart

6. DATE OF BIRTH (month, day, year) March 23 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	27 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year) April 1933 | 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Charleston S. C.

13. NAME Benj Rhett Stuart

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

15. MAIDEN NAME Emma V. Thomson

16. BIRTHPLACE (city or town) (State or country) Charleston S. C.

17. INFORMANT Mrs Mary H. Stuart (wife)

(Address) 303 Goodwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Apl 22 1933

19. UNDERTAKER Hewins Memorial Co

(Address) 1038 Park Ave

20. FILED 21 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1933 to April 20, 1933

I last saw h. in alive on April 20, 1933 Death is said to have occurred on the date stated above, at 10 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 28 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Mc Bayley M. D.

(Address) 2503 N. Calvert St

1

cc.—9-30—A. & Co.—250 Bks.

89716 E 89716

89716 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21-S. Duncan ST. (WARD) 1-W

2. FULL NAME Martha Robison

(a) RESIDENCE NO. 21-S. Duncan ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4. COLOR OR RACE: C.

5. Single, Married, Widowed, or Divorced. (write the word): Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Jacob Robinson

DATE OF BIRTH (month, day, and year): unknown 1858

AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 01

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Co. Md.

NAME OF FATHER: Thomas Ross

BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

Informant (address): Charles Robinson 21 S. Duncan St

Filed 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 4-19-33

17.

I HEREBY CERTIFY, That I attended deceased from 1-12-, 1933, to 4-19-, 1933

that I last saw h[illegible] alive on 4-18-, 1933

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary): Cardio-Renal Disease

(duration) yrs. 3 mos. 9 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Carnes M. D.

4-19-1933 (Address) 611 N. Carolina

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary

DATE OF BURIAL: 4/23, 1933

20. UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 429 N. Caroline

M. D. B. 1268-9

9717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89717.

CERTIFICATE OF DEATH

V 25

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Lange

(a) Residence: No. 1908 N Patterson Pk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Sgle

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 17/1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va
(State or country)

13. NAME Toby Lange

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Lizzie Smith

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 23rd 1933

UNDERTAKER Laxmie & Wright
(Address) 7031 Conselman

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20/33

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1933, to 4/20, 1933

I last saw h.. alive on 4/20, 1933. Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. B. Carcinoma	1 month

Other contributory causes of importance:

Secondary Anaemia	2

Name of operation Laparotomy Date of 3/24/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 89718

9718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. No 01 Ward)

Registered No. 122-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Tucker

(a) Residence: No. 101 S. Monroe St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carroll Tucker

DATE OF BIRTH (month, day, year): Sept 12-1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore, Md

13. NAME: John F. Bees

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Isabel J. Conlin

16. BIRTHPLACE (city or town) (State or country): Talbot Co Md

INFORMANT: Carroll L. Tucker

(Address) 101 S. Monroe St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 20 1933

UNDERTAKER: Rotter & B.M. Walters

(Address) 2370 Edmondson Ave

FILED ... 19... ... Registrar.

APR 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 19, 1933

I last saw her alive on April 19, 1933. Death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	4 days
Cardiac Asthma	3 hrs

Other contributory causes of importance:

Shock - following operation	1 day

Name of operation Laparotomy Date of 4/18

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) L. F. Bonelli M. D.

(Address) 33 Hendrickson Ave.

D. H. 1268-9

9719 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B89719

CERTIFICATE OF DEATH

V 34

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1512 McHenry St. St., 14-01 Ward)

gth of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Francis J. Suski, Jr.

(a) Residence: No. 1512 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) March 27, 1933

E Years	Months	Days	If LESS than 1 day hrs. or min.
		24 26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Francis J. Suski, Sr.

BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

MAIDEN NAME Theresa Knott

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FORMANT Mr. Francis V. Suski
Address) 1512 McHenry St.

RIAL, CREMATION, OR REMOVAL

lace Mt. Olivet Cemetery Date Apr. 21 33

DERTAKER Harry H. Cook

Address) 1003 W. Baltimore St.

LED 19 Identified

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27 1933 to April 21 1933

I last saw h[illegible] alive on April 20 1933. Death is said to have occurred on the date stated above, at 12.10A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital syphilis	Birth

Other contributory causes of importance:

Maternal, syphilis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andrew E. Culab, M. D.

(Address) 24 N. Fulton Ave.

. B. 1268-9

9720 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89720

CERTIFICATE OF DEATH

54-005

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1611 Smallwood (15-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Theresa V Staud

(a) Residence: No. 1611 Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Mar 2-14

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

RTHPLACE (city or town) (State or country) Baltimore

NAME Foa, Stand

BIRTHPLACE (city or town) (State or country) Hungary

MAIDEN NAME Theresa Fessus

BIRTHPLACE (city or town) (State or country) Hungary

ORMANT Theresa Staud

Address) 1611 Smallwood

RIAL, CREMATION, OR REMOVAL

Place Baltimore Date April 21, 1933

DERTAKER Martin Fahey & Sons

Address) 527 W. North Ave.

FD 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Tumor on Spine. — Date of onset

Since Birth

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

H. D. B. 1268-9

E 89721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89721

CERTIFICATE OF DEATH

117-002

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 30-41 St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Charlene Slemick

(a) Residence: No. 326 N. Fulton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Wallace Slemick

DATE OF BIRTH (month, day, year) June 25, 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER John Slemick

14. BIRTHPLACE (city or town) (State or country) U.S.A.

15. MAIDEN NAME OF MOTHER Minnie Bowers

16. BIRTHPLACE (city or town) (State or country) U.S.A.

INFORMANT Miss Minnie Bowers

(Address) 103 E. Monument St. Balto.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date April 21, 1933

UNDERTAKER Charles T. Sewell

(Address) 2904 Eastern Ave.

FILED April 21, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to April 18, 1933

I last saw her alive on April 12, 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	4 16 33
Other contributory causes of importance:	
Ruptured Duodenal Ulcer	

Name of operation Suture perforated Ulcer Date of 4 17 33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James A. Hecht M. D.

(Address) Union Mem. Hospital

D. B. 1268-9

89722

HEALTH DEPARTMENT—CITY OF BALTIMORE

89722

CERTIFICATE OF DEATH

121V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irvin Radinsky

(a) Residence: No. 2008 N. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Benjamin Radinsky

14. BIRTHPLACE (city or town) (State or country) R.

15. MAIDEN NAME Rosie Gottesfeld

16. BIRTHPLACE (city or town) (State or country) Philadelphia P.A.

17. INFORMANT Benjamin Radinsky

(Address) 2008 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL Date 4/22-33 19

Forest Lawn

19. UNDERTAKER Isaac Lewis Sons

(Address) 1437 E. Baltimore St

20. FILED 19 Registrar.

APR 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1933 to April 21, 1933

I last saw h alive on April 21, 1933. Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis	Apr 19/33
Bronchopneumonia	Apr 20/33
Other contributory causes of importance:	
Ruptured Appendix	Apr 17/33

Name of operation Appendectomy & Drainage Date of 4/20/33

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Archie R. Cohen M. D.

(Address) Sinai Hospital

—1-30—M. & T.—250 Bks

3

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 89723

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) 1009 Druid Hill Ave ST. 11-01 WARD)

2-FULL NAME Charles Turner

a) RESIDENCE NO. 1009 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Turner

7 DATE OF BIRTH (month, day, and year) 1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5b		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Selling patent medicine

(c) Name of employer Unknown.

9 BIRTHPLACE (city or town) State or country) Maryland

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Sarah E. Turner

Address) 1009 Druid Hill Ave.

Apr 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 14 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1933, to Apr 14, 1933.

that I last saw him alive on Apr 14, 1933

and that death occurred, on the date stated above, at 5-P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical Evi.

(Signed) R. Garland Schmidt M. D.

Apr 20, 1933 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL Apr. 22 1933

20 UNDERTAKER Jesse Jr. Reddan

ADDRESS 436 W. Biddle St

. D. B. 1268-9

724

HEALTH DEPARTMENT—CITY OF BALTIMORE B59724

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 34

CITY OF BALTIMORE: (No. Baltimore Md St. 11-04 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Coleman

(a) Residence: No. 1721 McCulloh St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coleman

6. DATE OF BIRTH (month, day, year) 2-8-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampton, Va.

13. NAME OF FATHER Roger Coleman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Mary Liberent

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 24 1933

19. UNDERTAKER
(Address)

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 33

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1933 to 4-19 1933

I last saw h alive on 4-19 1933 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	12-1-32
Other contributory causes of importance: None	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

4-19 1933 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

. D. B. 1268-9

E 89725

9725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Und St. 10-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gray

(a) Residence: No. 1070 Stirling St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Gray

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Gross

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date April 21 1933

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 33

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1929 to 4-18 1933

I last saw him alive on 4-18 1933 Death is said to have occurred on the date stated above, at 5:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	4-18-33
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

4-18-33 (Signed) Elmer Kirkbride M. D.

(Address) Balto. City Hospitals

H. D. B. 1268-9

97267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E89726

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 600 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Blalock

(a) Residence: No. 105 N. Madeira St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9/6/15

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Fat. Blalock

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Pearl Whiteley

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Records,

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place E. Baltimore Md Date Apr 23 1933

UNDERTAKER Lattos Gross

(Address) 1422 Eastland ave

FILED 1933 Hunter Williams M.D. Registrar.

4 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to April 19, 1933.

I last saw h[illegible] alive on April 19th, 1933. Death is said to have occurred on the date stated above, at 12 0 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	3 days
? SEPTICEMIA	5 "
PERITONITIS	2 "

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Rhoads M. D.

(Address) Johns Hopkins Hospital

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE D 89727

9727

CERTIFICATE OF DEATH

XV 181

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hosp St. 1401 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. 15 da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sadie E Leary

(a) Residence: No. 24 Winter Av St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
	Col	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Apr 3 1930

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	—	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md

NAME Herbert Leary

IRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Harriet Ruebottom

IRTHPLACE (city or town) (State or country) Md

ORMANT Herbert Leary

Address) 24 Winter Av

RIAL, CREMATION, OR REMOVAL

Western Star Date Apr 23 1933

DERTAKER Easton Home

Address) Edmondson Ave

Apr 21 1933 Huntington Ave Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Apr 21 1933 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	7 days
2nd degree burns	16 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury ..... 19.....

Where did injury occur? Hot Water

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

D. B. 1268-9

E 89728

89728 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Baby Morris

(a) Residence: No. 609 N. Calvert St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11- 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Morris

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Hazel O'dell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Dec 20 1933

19. UNDERTAKER
(Address)

20. FILED ....., 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933. to April 12, 1933.

I last saw her alive on April 12, 1933. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/11/33

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Isaac H. Ball M. D.

(Address) Johns Hopkins Hospital

. D. B. 1268-9

89729 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89729

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5317 Glenmore Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice R. McClain

(a) Residence: No. 5317 Glenmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Andrew McClain

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Appox 51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME OF FATHER W.M. Little

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Anderson Little

(Address) 5317 Glenmore ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date 4/22/33

19. UNDERTAKER Robert Whitlock

(Address) 1523 Mt Elderry st

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14 1933 to April 19 1933

I last saw her alive on April 19 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	April 14 '33

Other contributory causes of importance:

Mitral insufficiency; Hypertension and Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 424 E Monument st

H. D. B. 1268-B

89730 89747 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89730

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs, ... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Douglas Wilson

(a) Residence: No. 217 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

DATE OF BIRTH (month, day, year): 10-2-02

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odo

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Va

13. NAME: John Wilson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Ella Hatchet

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date April 30, 1933

UNDERTAKER .....
(Address)

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1933 to Apr. 9, 1933

I last saw him alive on Apr. 9, 1933 Death is said to have occurred on the date stated above, at 3 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/31/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Carmichael Telghman, M. D.

(Address) Johns Hopkins Hospital

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89731

CERTIFICATE OF DEATH

46 E 89731

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1516 N. Bond St. ST., 8-01 WARD)

—FULL NAME Ella Foreman

(a) RESIDENCE NO. 1516 N. Bond St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	W.	M.

married, widowed, or divorced HUSBAND of (or) WIFE of Harry J. Foreman

E OF BIRTH (month, day, and year) Sept 1 - 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	17	

UPATION OF DECEASED

Trade, profession or icular kind of work H. W. 037

General nature of industry, ness, or establishment in h employed (or employer) —

Name of employer

HPLACE (city or town) te or country) Balto Md.

NAME OF FATHER Henry Knuft

IRTHPLACE OF FATHER (city or town) State or country) German

AIDEN NAME OF MOTHER Mary Faulberth

IRTHPLACE OF MOTHER (city or town) State or country) Germany

formant Husband

ddress)

1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20-1933

17 I HEREBY CERTIFY, That I attended deceased from July, 1932, to Apr. 20, 1933, that I last saw h[e] alive on Apr. 19, 1933 and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cancer of Sigmoid

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec. 19, 32

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Frank C. Ivans, M. D.

Apr 20 '33 19 (Address) 117 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 4/22 1933

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9732

CERTIFICATE OF DEATH

59 E 89732

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Univ. Hosp. St., 9-01 Ward)

gth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Forrest Trimmer

(a) Residence: No. 538 E. 22nd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Trimmer

TE OF BIRTH (month, day, year) Oct 5-1889

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) York Pa.

NAME Frank Nicholas

BIRTHPLACE (city or town) (State or country) York Pa

MAIDEN NAME E. Nicholl

BIRTHPLACE (city or town) (State or country) York Pa

ORMANT (Address) Joseph A. Trimmer 538 E. 22nd St

RIAL, CREMATION, OR REMOVAL Place York Pa Date April 22 33

DERTAKER (Address) John C. Miles 2215 E. Eager St

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to April 21, 1933.

I last saw h.e.r. alive on April 21, 1933. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & hypertension	Unknown
and Uraemia	1922
Diabetes Mellitus	Unknown
Generalized arteriosclerosis	Unknown

Other contributory causes of importance:

Aortic & Subclavian	Unknown
Pulmonary Edema	1-20-33
Hypocardiac degeneration & decompensation	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard E. Hayward, M. D.

(Address) Univ. Hosp.

Co. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

89733

CERTIFICATE OF DEATH

107 E 89733

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1502 E. Baltimore Street, 6-01 St., Ward)

Length of residence in city or town where death occurred 28 Years yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Rosa Culotta

(a) Residence: No. 1502 E. Baltimore Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of Domenico Culotta

7. DATE OF BIRTH (month, day, year) Sept. 20, 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hours or minutes
	70	6	30	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Cefalu
(State or country) Italy

12. NAME Giovanni Culotta

13. BIRTHPLACE (city or town) Cefalu
(State or country) Italy

14. MAIDEN NAME Concetta Di Marco

15. BIRTHPLACE (city or town) Cefalu
(State or country) Italy

16. INFORMANT Pasquale Culotta
(Address) 1502 E Baltimore Street

17. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem April 22, 1933
Date 19

18. UNDERTAKER Geo. J. Pratt Jr.
(Address) 1735 Harford Ave

19. DATE RECEIVED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to April 19, 1933

I last saw her alive on April 19, 1933 death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/11/33
Other contributory causes of importance:	
Auricular Fibrillation	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. L. Bruniello M. D.

(Address) 306 N Eutaw St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89734

CERTIFICATE OF DEATH

E 89734

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., ... (Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Elizabeth Lorraine Bull

(a) Residence: No. 529 Willow Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
WIFE of (or) HUSBAND of daughter-unmarried

DATE OF BIRTH (month, day, year) Mar 26, 1914

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	19	0	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Nurse

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Women's Hospital

Date deceased last worked at this occupation (month and year) April 1933 | 31. Total time (years) spent in this occupation 7 mo.

BIRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER Herbert Harry Bull

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME OF MOTHER Elizabeth Clair Reilly

BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Father
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 24th 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1933, 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to April 20, 1933

I last saw her alive on April 20, 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	
	April 11

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Eckert, M. D.

(Address) Woman's Hospital

Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

89735 V 131 E 89735

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 20-01 Ward)

gth of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Matilda J. Morgan

(a) Residence: No. 2139 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

~~married~~ widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Daniel W. Morgan

TE OF BIRTH (month, day, year) Apr 19 1859

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	0	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

RTHPLACE (city or town) State or country) Md.

NAME Buchanan

BIRTHPLACE (city or town) (State or country) Pinkney

MAIDEN NAME Jane La Compte

BIRTHPLACE (city or town) (State or country) Solomons Island Md

FORMANT Ellen L Morgan

ddress) 2139 W Saratoga St

RIAL, CREMATION, OR REMOVAL

ace Loudon Park Date April 21 1933

DERTAKER

ddress) 1225 E Fayette St

Huntington Williams Co

D 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1933, to 4-20, 1933

I last saw h er alive on 4-20, 1933 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular Renal Disease	
Chronic Myocarditis	
Acute Cardiac Dilatation	4-20-33

Other contributory causes of importance:

Atonic Constipation
Chronic Arthritis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Fuller, M. D.

(Address) South Baltimore Gen Hosp

M. D. B. 1268-9

89736 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89736

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E. North Ave. St. 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella May Lester

(a) Residence: No. 908 E. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of William J. Lester

DATE OF BIRTH (month, day, year) May 4th 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William R. Ramsey

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth McClintock

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Wm J. Lester

(Address) 908 E. North Ave

BURIAL, CREMATION, OR REMOVAL.

Place London Park Date April 22nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Williams, Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933, to Apr 20, 1933.

I last saw h[illegible] alive on Apr 20, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. B. Davis M. D.

(Address) 1509 N Eutaw St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89737

CERTIFICATE OF DEATH

124-005

E 89737

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2334 Barclay St. 12-W (Ward)

gth of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah E. Short

(a) Residence: No. 2334 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Short

7. DATE OF BIRTH (month, day, year) June 27 1861

AGE	Years	Months	Days 22	If LESS than 1 day, hrs. or min.
	71	9	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation, (month, day, year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

13. NAME OF FATHER John H. Holmes

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Caroline Heavel

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT James W. Short

Address) 2334 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 22 1933

19. UNDERTAKER Easton & Sons

Address) Edmondson

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1932 to April 19th 1933

I last saw alive on April 19th 1933 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

Hepatic Cirrhosis

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Fenger Troup M. D.

(Address) 461 E 25th St

M. D. B. 1268-9

89738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93E 89738

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Mt. Holly St. St. 20-el Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie C. Schell

(a) Residence: No. 401 Mt. Holly St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 10, 1882.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

13. NAME Kristian Schall

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Sallie Carr

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

INFORMANT Mrs. John T. Weeks
(Address) 401 Mt. Holly St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 4/22/33 19...

UNDERTAKER Harry N. Weitzel
(Address) 1600 Pennsylvania Ave.

1933 Registrar.

R. D. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1933 to Apr 20 1933

I last saw her alive on Apr 19, 1933 Death is said to have occurred on the date stated above, at 1 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
(a) Angina pectoris	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. R. Lucas M. D.

(Address) 3921 Edmondson Ave

H. D. B. 1268-9

89739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-E 89739

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 S. Morley St. St. 20-21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob J. Trautwein

(a) Residence: No. 38 S. Morley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Elizabeth D. (nee O'Connor)
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 23, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hat Factory

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hats

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

9. NAME Jacob J. Trautwein

10. BIRTHPLACE (city or town) Germany
(State or country)

11. MAIDEN NAME Catherine Springer

12. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs. Elizabeth Trautwein
(Address) 38 S. Morley St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/24/33 19

UNDERTAKER Harry N. Reitzel
(Address) Huntington, Ind.

Filed 1933 Huntington, Indiana Dec. 19 1933

H. D. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8 1933 to Apr. 18 1933

I last saw him alive on April 18 1933 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure to acid fumes	Mar.

Other contributory causes of importance:

Cardiac decompensation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify worked around acids

(Signed) J. J. Kyger M. D.

(Address) 3321 Talbot ave

H. D. B. 1268-9

89740 7-14

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 89740

82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Simms

(a) Residence: No. 131 Clay St St., ... Ward. Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 8/3/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Pictue Simms

14. BIRTHPLACE (city or town) (State or country) D.C

15. MAIDEN NAME Rachel Woodall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL Place Annapolis Md Date April 21, 1933

19. UNDERTAKER C & L Hopkins (Address) Annapolis Md

Registrar. Thurlington Williams, M.D.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 21, 1933

I last saw him alive on April 21, 1933 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4-19-33
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerotic gangrene	1932

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Blanchard Venable M. D.

(Address) Hut Johns Hopkins Hospital

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

741 89741 E 89741

CERTIFICATE OF DEATH

PLACE OF DEATH University Hospital 4-01 127-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Ward)

gth of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lillie Delaney Lowman

(a) Residence: No. Mt Airy Md. St., Ward. Md. Airy Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, widowed, or divorced (HUSBAND of or) WIFE of Samuel W. Lowman

DATE OF BIRTH (month, day, year) May 30 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

Date deceased last worked at this occupation (month and year) 4/33 | 11. Total time (years) spent in this occupation 46

BIRTHPLACE (city or town) (State or country) Frederick Co Md.

NAME George W. Barn

BIRTHPLACE (city or town) (State or country) Frederick Co Md

MAIDEN NAME Catherine Mosworth

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

INTERMENT. Samuel W. Lowman

(Address) Mt Airy

BURIAL, CREMATION, OR REMOVAL

Place Taylorsville Cemetery Date April 25 1933

UNDERTAKER C M Waltz

(Address) Funeral Home

Date 1933 Huntington Indiana, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/19 1933 to 4/21 1933

I last saw h[illegible] alive on 4/21 1933. Death is said to have occurred on the date stated above, at 10:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Umbilical Hernia (Which became incarcerated	? 6 days
Other contributory causes of importance: Cardiac Dilatation Pulmonary Edema	1 day

Name of operation Herniaplasty Date of 4/20/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry S. Shelley M. D.

(Address) University Hospital

9-30—A. & Co.—250 Blks

9742 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89742

CERTIFICATE OF DEATH 130

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Madison Ave WARD 1-Ct)

2. FULL NAME Edna Florina Brown

(a) RESIDENCE NO. 1700 Madison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
F	col.	Single

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	19	

7. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Notary Public

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8. BIRTHPLACE (city or town) Baltimore
(State or country) Md

9. NAME OF FATHER Daniel Edmore Brown

BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

MAIDEN NAME OF MOTHER Georgiana Gibson

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant (Mrs) Georgiana Brown
(Address) 1115 Druid Hill Ave

Apr 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) April 19, 1933

17.

I HEREBY CERTIFY, That I attended deceased from April 9th, 1933, to April 19th, 1933

that I last saw her alive on April 19th, 1933

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Itld no operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Brown M. D.

, 19 (Address) 1500 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 4/22/1933

20. UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 63 Druid Hill

H. D. B. 1268-B

89743 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89743

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 131

CITY OF BALTIMORE: (No. 1514 Monument St. 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Thomas

(a) Residence: No. 2314 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Miles

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT George Thomas
(Address) 2318 McCulloh

BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 4/24 1933

UNDERTAKER Wm. Geo. H. Hollyday
(Address) 1631 Druid Hill Ave

FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1933 to 4-21 1933

I last saw ~~him~~ alive on 4-21 1933. Death is said to have occurred on the date stated above, at 8:43 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-16 33

Other contributory causes of importance:
Hypertension Cardio-Vascular Renal Disease Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. T. Harris M. D.

(Address) Provident Hospital

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89744

CERTIFICATE OF DEATH

82-001 E 89744

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 18-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Henry Coates

(a) Residence: No. 171 Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
RUSBAND of
or) WIFE of Maggie Coates

TE OF BIRTH (month, day, year) 1890

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 43			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md

NAME George Coates

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Sarah Savard

BIRTHPLACE (city or town) (State or country) Md

ORMANT Ella Bradley
Address) 1017 N Smith St

RIAL, CREMATION, OR REMOVAL
ace Mt. Auburn Date 4/22/33 19

DERTAKER Mrs. Lee E. Keefer
Address) by Direct Hill
Huntington Tolleson N.Y.

D 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. H. Herzog M. D.
Coroner

(Address) 1305 N Patterson Park Ave

c.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

89745 48 E 89745

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) CITY OF BALTIMORE: (No. 16 N. Potomac St 6-01 WARD)

2. FULL NAME Mrs Katherine Day

(a) RESIDENCE No. 16 N. Potomac St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Day.

7 DATE OF BIRTH (month, day, and year) Aug 9 01

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 097

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Ind Day

BIRTHPLACE OF FATHER (city or town)
(State or country) Ind

MAIDEN NAME OF MOTHER Rachel Powell

BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md

11 Informant Mrs Thomas J. Martin
(Address) 16 N. Potomac St

1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 33

17 I HEREBY CERTIFY, That I attended deceased from 3-28-33 to 4-20-33
that I last saw h[illegible] alive on 4-20-33, 19
and that death occurred, on the date stated above, at 7 40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix
uteri

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Gallard M. D.

4-20, 19 33 (Address) 2214 E Fayette St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL April 22, 33

20 UNDERTAKER John A Mann — ADDRESS 3000 E Balt St

H. D. B. 1268-9

89746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-E 89746

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W B St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Falk

(a) Residence: No. 1815 Pulaski St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/10/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

8. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) W Va

10. NAME Father Falk.

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME Golda Feeder.

13. BIRTHPLACE (city or town) (State or country) Maryland

14. INFORMANT Herman Falk.
(Address) 1815 N. Pulaski St

15. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 4/22 1933

16. UNDERTAKER Sol Levinson & Bro
(Address) 127 E Baltimore St

17. FILED Harry Levinson Registrar. 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-12-33 19... to 4/21/33 19...

I last saw h... alive on 4/21 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage.	
Other contributory causes of importance:	

Name of operation Spinal Puncture after death Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Mayer M. Payne M. D.

(Address) 1812 W. Fayette St

H. D. B. 1268-9

89747 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89747

53

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Allen

(a) Residence: No. 440 N. Freemason St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9/9/1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stove

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

12. NAME William Allen

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) ? ?

INFORMANT Records

(Address) Baltimore City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 24 1933

UNDERTAKER Geo. H. Linde

(Address) 3700 Edmondson Ave

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1933 to 4/21 1933

I last saw him alive on 4/21 1933 Death is said to have occurred on the date stated above, at 2:55 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of submaxillary glands	?

Other contributory causes of importance Cellulitis of leg, (Left) Bursa,

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hosp

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89748 E 89748

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2639 Kirk Ave. St., 9-01 Ward)

th of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Katherine M. Timmons,

(a) Residence: No. 2639 Kirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of
or) WIFE of Raymond A. Timmons,

TE OF BIRTH (month, day, year) July 29. 1893

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	8	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Edward B. Deal

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Alice V. Kirby,

BIRTHPLACE (city or town) (State or country) Baltimore Md

ORMANT Mrs Alice V Deal

Address) 2639 Kirk Ave.

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date APR 24 1933 19

DERTAKER Geo W Little

Address) 2700 Edmondson Ave.

1933 Huntington Wilkins, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 20 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1933 to April 20 1933

I last saw her alive on April 20 1933 Death is said to have occurred on the date stated above, at 5.45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 da
Other contributory causes of importance: Pulmonary Tuberculosis	6 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph G Kaufmann M. D.

(Address) 619 Washington Blvd

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89749

CERTIFICATE OF DEATH

23E 89749

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 22 N. Amity St. 18-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rachel M. Matthews

(a) Residence: No. 22 N. Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
N		
ale	Colored	Widowed

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 1891

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore, Md
State or country)

NAME William Matthews

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Mattie Myers

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Mr. M. Matthews
Address) 22 N. Amity St

RIAL, CREMATION, OR REMOVAL
lace Mt. Auburn Date April 22 1933

DERTAKER Mrs. Katie B. Williams
Address) 322 Hanover St

1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1932
Hemoptysis	

Other contributory causes of importance:

Name of operation..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Rev.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89750

CERTIFICATE OF DEATH.

159 E 89750

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital 11-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vivian Dolores Cochrane

(a) RESIDENCE NO. 937 N. Calvert ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-20-33

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Vernon E. Cochrane

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Ellerson

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant
(Address) .....

Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22 1933

17 I HEREBY CERTIFY, That I attended deceased from 4-20, 1933 to 4-22, 1933, that I last saw h[illegible] alive on 4-21, 1933 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. J. Comey, M. D.

, 19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL April 22 1933

20 UNDERTAKER [illegible]

ADDRESS .....

933

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89751

CERTIFICATE OF DEATH

131 E 89751

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. German Aged Home St. 10-21 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John C. Hilsman

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) September 21, 1859

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	-	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Fred W. Hilsman

BIRTHPLACE (city or town)
(State or country) Germany

MAIDEN NAME Mary ?

BIRTHPLACE (city or town)
(State or country) Germany

FORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

RIAL, CREMATION, OR REMOVAL

lace Baltimore Cemetery Date Apr. 24 1933

DERTAKER
(Address) 1003 W. Baltimore St.

ED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1933 to April 20 1933

I last saw h... alive on April 20 1933 Death is said to have occurred on the date stated above, at 8.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypertension —	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

4/21/33 Signed Miller Hennig M. D.

(Address) 2000 Hollins St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

89752

CERTIFICATE OF DEATH

17 V 002 E 89752

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Fleet St. St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Sheeler.

(a) Residence: No. 3202 Fleet St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Barbara Sheeler

DATE OF BIRTH (month, day, year) Jan. 4 1865.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germanye

13. NAME Andrew Sheeler.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Barbara Sheeler (Wife)

(Address) 3202 Fleet St.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Lou Date Apr. 24 1933

UNDERTAKER Lilly & Geiler Inc.

(Address) 4-03 S. Wolfe St.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1933 to 4/20 1933

I last saw h[illegible] alive on 4/19/33 19 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Cerebrosis (atrophy) with abdominal ascites & Chronic interstitial nephritis	
Other contributory causes of importance: Acute Cardiac dilatation	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. O'Connell M. D.

(Address) 633 S. Conkling

0—M. & T.—100 B—50L

89753

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 V

E 89753

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1850 W. Fayette St. ST. 20-01 WARD)

2-FULL NAME Michael J. Kastner.

(a) RESIDENCE NO 1850 W. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, HUSBAND of Mary J. Kastner.

ATE OF BIRTH (month, day, and year) March 13, 1864

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	7	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Organist.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore, Md.

0 NAME OF FATHER Michael Kastner.

1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

2 MAIDEN NAME OF MOTHER Anna ---------

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

formant Mary J. Kastner. (wife)

(Address) 1850 W. Fayette St.

1933 Huntington Wilkinson Reg.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Finnardi, M. D. Coroner

4/21/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL April 24 1933

20 UNDERTAKER George A. Farley

ADDRESS Fallsway & Fayette

Z. D. B. 1268-9

E 89754 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89754

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Walter Riley

(a) Residence: No. 907 N. Caroline St., Life Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 15 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Riley

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

15. MAIDEN NAME Victoria Griffith

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

INFORMANT Ada Riley Scott (niece)

(Address) 907 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 4-22-, 1933

UNDERTAKER John M. Johnson

(Address) 1200 E. 25th Ave

Huntington Pittsburgh

FILED APR 22 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to April 18, 1933

I last saw h.. alive on April 18, 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Burns M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9755 E 89755

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 35

CITY OF BALTIMORE: (No. ..... St., ... (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph L. Thompson

(a) Residence: No. 524 Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 3 '33

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Arthur Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Bertha Tomlin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 4/24 1933

UNDERTAKER Samuel G. Hemsley
(Address) 318 Druid Hill Ave

4/25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1933 to 4/20 1933

I last saw h[illegible] alive on 4/19 1933 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Urinary Extravasation	1931
Granuloma Inguinale	

Other contributory causes of importance:

Uremia	4/10 1933

Name of operation Suprapubic Cystotomy Date of 1931

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

2 1933

0—M. & T.—100 B—50L

89756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

E 89756

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (WARD) 23-A

2-FULL NAME Thomas P. Sheehan.

(a) RESIDENCE NO 1120 Hanover St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed or divorced HUSBAND of Jennie E. Sheehan.

ATE OF BIRTH (month, day and year) February 28, 1882

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary fireman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Philadelphia, Pa.

0 NAME OF FATHER Thomas Sheehan.

1 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

2 MAIDEN NAME OF MOTHER Margaret -------

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant Jennie E. Sheehan. (wife)

(Address) 1120 Hanover St.

Filed ..... 192 ..... Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive burns over body due to lighted cigar igniting clothing. Accidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1120 Hanover St. April 19, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) ..... M. D. Coroner

4/21/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 4/22 1933

20 UNDERTAKER F. A. Thawley & Son

ADDRESS 703 Hanover

. D. B. 1268-9

89757 Ped

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 89757

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. ..... St. 1601 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacqueline Kelly

(a) Residence: No. 512 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Leon Kelly

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Josephine Field

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 22 1933

19. UNDERTAKER T. S. Nelson

(Address) 1303 Fourth Ave

1933 Hunter for Indiana Nov 8

Registrar.

R. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933 to April 21, 1933

I last saw her alive on April 21, 1933. Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Cerebral Hemorrhage	4-16-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw. F. Nolan M. D.

(Address) Johns Hopkins Hosp.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9758

CERTIFICATE OF DEATH

53 E 89758

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Jefferson St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary (Mamie) O. Williams

(a) Residence: No. 1210 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Hugh Williams

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 47	—	—	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 mos

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Richard Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Ida Cooper

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs L. Johnson (Sister)

(Address) 725 Wolfe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Apr 22 1933

19. UNDERTAKER Mrs. R. G. Ellicott

(Address) 1129 N. Caroline st.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to April 18, 1933

I last saw h.e alive on April 18 1933. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder (and entire Pelvis).	4 mos

Other contributory causes of importance:

General Carcinomatosis	

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. H. Young M. D.

(Address) 724 E. Monument St

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9759

CERTIFICATE OF DEATH

174 E 89759

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Md Penitentiary St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Miles Clinton

(a) Residence: No. Md Penitentiary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Unknown

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
ust	23			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) North Carolina

NAME Unknown

BIRTHPLACE (city or town) (State or country) North Carolina

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) North Carolina

ORMANT Penitentiary Record
Address) 964 Forrest St.

RIAL, CREMATION, OR REMOVAL

Date 4/22 . 1933

DERTAKER
Address)

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... . 19... to ... . 19...

I last saw h... alive on Autopsy . 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Incised Wound in Epigastrium, Wounding Lower Lobe of L Lung Diaphragm & Stomach	4/15/33
Other contributory causes of importance: Hemorrhage. Cause: Wound was Knife	4/16/33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 4/15 . 1933

Where did injury occur? Penitentiary Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Md Penitentiary

Manner of Injury Stab Wound

Nature of Injury Lung Diaphragm & Stomach

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James M. Fenton . M. D.
Coroner

(Address) 700 E Chase St

ec.—9-30—A. & Co.—250 Bks

9760 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 9760

CERTIFICATE OF DEATH.

87-007

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No Name for Insertion ST 13-01 WARD)

2-FULL NAME Josephine L. Teichelmann

(a) RESIDENCE NO. Name for Insertion ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) Mar 25-1869

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	0	27	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

RTHPLACE (city or town) (State or country) Germany

NAME OF FATHER Arnold Teichelmann

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Rosine Messler

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

(formant Hospital Records —
(address) Name for Insertion —

1933, 19 Huntingtown Village MD
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, '33

17

I HEREBY CERTIFY, That I attended deceased from March, 1923, to April 22, 1933

that I last saw her alive on April 21, 1933

and that death occurred, on the date stated above, at 11 55 → P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No Physical Exam

What test confirmed diagnosis? X Ray

(Signed) F. W. Rayo M. D.

4/22 19 33 (Address) Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL April 25 1933

20 UNDERTAKER John Burns Sons — ADDRESS Towson

E 89761

M—Co. 17—100 M—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89761

186-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 20-01 WARD)

2. FULL NAME Frank Grasser.

(a) RESIDENCE NO 2516 Emerson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---------- ds. How long in U. S., if of foreign birth? 30 yrs. ---------- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

(XXXXXX widowed, of XXXXXX HUSBAND of XXXXXXXXXX Julia Grasser.

DATE OF BIRTH (month, day, and year) December 5, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook. 021
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

NAME OF FATHER Do not know.

BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

MAIDEN NAME OF MOTHER Do not know.

BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant John Grasser. (son)

(Address) 4 N. Wolfe St.

Filed APR 23 1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Right Femur. Accidental fall to the street.

Terminal Pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Craft & Furrow St. March 20, 1933

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Neil Hennard, M. D. Coroner

4/22/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathredral Cem.

DATE OF BURIAL April 24, 1933

20 UNDERTAKER Charles W. Dill.

ADDRESS 3109 Frederick Ave.

D. B. 1268-9

89762 HEALTH DEPARTMENT—CITY OF BALTIMORE 89762

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Renick

(a) Residence: No. 186 Sturgiss St., Ward. Morgantown W Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Repair shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): W. Va

13. NAME OF FATHER: Thomas Renick

14. BIRTHPLACE (city or town) (State or country): W Va

15. MAIDEN NAME OF MOTHER: Eliz Stewart

16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Fairmont W Va Date: April 22 1933

19. UNDERTAKER: Leo F. Legge

(Address) 1723 N. Patterson Ave

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from apr 8, 1933 to apr 22, 1933

I last saw h. alive on apr 22, 1933 Death is said to have occurred on the date stated above, at 3.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	1920
Myocardial failure	4-20-33
Carcinoma of prostate with chronic urinary obstruction and uremia	3-1-33

Other contributory causes of importance:

Emphysema and chronic bronchitis
Enlarged heart and hypertension

Name of operation: 0 Date of:

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawson A. Jones M. D.

(Address) Johns Hopkins Hosp.

E 89763

83763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. ×173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 24-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Block.

(a) RESIDENCE NO 6206 Frederick Ave. ST., WARD Balto Co Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, HUSBAND of Beulah M. Block.

DATE OF BIRTH (month, day, and year) July 28, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	8	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baltimore City
(b) General nature of industry, business, or establishment in which employed (or employer) Police-man.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Charles Block.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Kolb.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Beulah M. Block. (wife)
(Address) 6206 Frederick Ave.

Filed 1933 Hunting for Relatives

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1933 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquest) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol shot wound of Brain, Lungs Liver & Spleen while in the discharge of duty
HOMICIDE (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hanover st, & Belle Grove Rd. April 21, 1933

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy & inquest

(Signed) Geo H Aisquard, M. D.
4/22/33 19 (Address) 1017 E. Charles st. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL April 24th 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

M. D. B. 1268-0

39764

HEALTH DEPARTMENT—CITY OF BALTIMORE E 89764

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1823 Bolton St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora C. Schmeltzer

(a) Residence: No. 1823 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

3. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Dr. J. Geo. Schmeltzer

DATE OF BIRTH (month, day, year) May 27th 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME John A. Caldwell

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Virginia Williams

16. BIRTHPLACE (city or town) Salisbury (State or country) Md

INFORMANT Dr. J. Geo. Schmeltzer

(Address) 1823 Bolton St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 24th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED April 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929 to Apr. 21, 1933

I last saw her alive on Apr 21, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1929
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	
Bronchio-Pneumonia	Apr. 20.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) Jolene E. Bishoff M. D.

(Address) 122-25 East

D. B. 1268-9

E 89765

HEALTH DEPARTMENT—CITY OF BALTIMORE

89765

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Fannie Soherr

(a) Residence: No. 1524 N. Payson St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Soherr

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 4-23-33 19

Place Rosedale

19. UNDERTAKER Jack Saur Inc
(Address) 1737 E Baltimore St
Huntington Terrace, Md

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933 to April 21, 1933

I last saw h alive on April 21, 1933 Death is said to have occurred on the date stated above, at 10.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/14/33

Other contributory causes of importance:

Arteriosclerotic Cardiovascular Renal Disease	
Malignancy (Ca) C	
Pancoast's fracture of femur.	

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Medical Director and Chairman M. D.

(Address) Sinai Hospital

D. H. 1268-9

89766 HEALTH DEPARTMENT—CITY OF BALTIMORE E 89766

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Sinai Hospital St. 6-01 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rebecca Goldstein

(a) Residence: No. 1808 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 12 1931

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Balto., Md.

NAME Samuel Goldstein

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Anna Enoch

BIRTHPLACE (city or town) (State or country) N.C.

ORMANT Samuel Goldstein

ddress) 1808 E. Fairmount Ave

IAL, CREMATION, OR REMOVAL

Date 4/23/33

DERTAKER Jack Lewis Inc.

ddress) 1733 E. Baltimore St

D. 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia
Primary

Date of onset ??

Other contributory causes of importance:

Septic? Infarcts Apex Rt Lung

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... . M. D.
Coroner

(Address) 508 E Northern

Z. D. H. 1268-9

89767

HEALTH DEPARTMENT—CITY OF BALTIMORE

89767

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred x yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Weiner

(a) Residence: No. 2607 Elsinore Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowered

If married, widowed, or divorced) HUSBAND of (or) WIFE of Late Rachel

DATE OF BIRTH (month, day, year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Burech Weigler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs Harry Aaronson

(Address) 2607 Elsinore ave

BURIAL, CREMATION, OR REMOVAL Levy Southern ave Date April 23 1933

UNDERTAKER Hof Levinson & Sons

(Address) 1114 E. Balto st

FILED 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to April 21, 1933

I last saw h alive on April 21, 1933. Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma (?)	
Empyema, right	
Pneumococcic Septicemia, Type III	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

9768

E 89768

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 6-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Lazarus

(a) Residence: No. 2024 E Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of Joseph
(or) WIFE of

DATE OF BIRTH (month, day, year) 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Jacob Goldstein

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Edith —

15. BIRTHPLACE (City or town) (State or country) Russia

INFORMANT Joseph Lazarus
(Address) 2024 E Fairmount Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date April 23 1933

UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

FILED APR 23 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-18 1933 to 4-22 1933

I last saw her alive on April 22, 1933 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	4-21-33
Cardiac failure & fibrillation	4-21-33
Other contributory causes of importance: Generalized peritonitis	4-19-33
Acute bilateral salpingitis	4-18-33

Name of operation Appendectomy & drainage Date of 4-20-33

What test confirmed diagnosis? Ques. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Archie K. Cohen M. D.

(Address) Sinai Hospital

0—M. & T.—100 B—50L

E 89769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89769

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 409 N. Brice St. (ST.) 20-01 (WARD)

2-FULL NAME Antonia Mannone.

(a) RESIDENCE NO 409 N. Brice St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ---- ds. How long in U. S., if of foreign birth? 23 yrs ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced (or) WIFE of Rosario Mannone.

6 DATE OF BIRTH (month, day, and year) February 14, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Italy.

10 NAME OF FATHER Antonio Sarcona.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Stephana ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Rosario Mannone. (husband)

(Address) 409 N. Brice St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21/33 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ile M. Acintado, M. D. Coroner

4/21/33 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 24, 1933

20 UNDERTAKER Frank V. Pipitone — ADDRESS 2018 E. Baltimore

Spec.-7-17-26-A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89770

89770

CERTIFICATE OF DEATH

X 95-002

REGISTERED NO. 95-01

1-PLACE OF DEATH

City of BALTIMORE: (No. 3743 Norlona Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Roland Young

(a) RESIDENCE NO. 22 West Drive Garden Gardens St. Ward Roseville City, N. J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 ds. How long in U. S. if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Kate L. Young

DATE OF BIRTH (month, day, and year) April 2, 1861

AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	72	0	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work manager 086

(b) General nature of industry, business, or establishment in which employed (or employer) Grain Export Co.

(c) Name of employer Penn. R. R.

BIRTHPLACE (city or town) ____

(State or country) England

10 NAME OF FATHER John Young

11 BIRTHPLACE OF FATHER (City or town) ____

(State or country) England

12 MAIDEN NAME OF MOTHER Ann Wright

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) England

Informant (Son) Allan S. Young

(Address) 3743 Norlona Road

Filed ____ 19 ____ Huntington Williams M.D.

4231933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1933

17 I HEREBY CERTIFY, That I attended deceased from April 3 1933 to April 22 1933

that I last saw him alive on April 9 1933

and that death occurred, on the date stated above, at 8 50 A. m.

The CAUSE OF DEATH* was as follows:

Arteria - sclerosis & Hypertension

Heart failure

Hypertension (duration) about 20 yrs. mos. dys.

CONTRIBUTORY (Secondary)

Heart Failure (duration) about one year yrs. mos. ds.

18 Where was disease contracted —

If not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) Henry H. Thomas Jr. M. D.

19 (Address) 201 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

Date of Burial 4/24 1933

20 UNDERTAKER J. McCook

ADDRESS 1217 E. Fayette

D. B. 1268-9

89771 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 89771

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 4-01 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Celia Weinberg

(a) Residence: No. 331 N Paul St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Weinberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Russia (State or country)

13. NAME OF FATHER Wolf Weinberg

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Cohen

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Nathan Weinberg

(Address) 331 N. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Shaw Wright Date 1-13-, 1933

19. UNDERTAKER Jack Levin Inc

(Address) 1731 E Baltimore St

20. FILED ..... 1933 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933 to April 22, 1933

I last saw h.. alive on April 18 1933. Death is said to have occurred on the date stated above, at 11:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	April 22
Pneumonia	April 18
Bleeding gastric Ulcer	April 15

Other contributory causes of importance:

Nephritis

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert A. Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

772

CERTIFICATE OF DEATH

73 E 89772

1. PLACE OF DEATH Mrs Hope Retreat

CITY OF BALTIMORE: (No. 4 St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Flanigan

(a) Residence: No. Philadelphia Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 16. 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	6 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Flanigan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Johnna Barry

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Hope Retreat

(Address) Mrs Hope Retreat

BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date April 1933

UNDERTAKER Stanton Monuto

(Address) Cobourg Ave.

FILED [illegible] 1933 Registrar

31033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to April 1933

I last saw h[illegible] alive on April 1933 Death is said to have occurred on the date stated above, at 3.35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia PT Thesis	April 5-33
Other contributory causes of importance:	
	15 yrs
Dementia	
Parenchymatous nephritis	?

Name of operation None Date of

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill M. D.

(Address) Mrs Hope Retreat

M. D. B. 1268-9

9773 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E89773

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 W. Preston St. 17-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Green

(a) Residence: No. 502 W. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓ 1917

DATE OF BIRTH (month, day, year) Nov 29, 1917.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15 16	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME David Green

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Rachel Thompson

16. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT David Green
(Address) 927 Madison

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4-25-33

UNDERTAKER Daniel Schenley
(Address) 2418 Eastern Ave

FILED 1933 19 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20/33.

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933, to April 20 1933

I last saw him alive on April 17th 1933 Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cal. Tuberculosis	1/1/33

Other contributory causes of importance: ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was an autopsy made? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee [illegible] M. D.

(Address) 927 Madison Ave

M. D. B. 1268-9

E 89774

89774 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. 1514 Lawrence St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Sandy Grace

(a) Residence: No. 1621 Lawrence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Grace

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hartford, Md.

13. NAME Maria A. Sandy

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Glascoe

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. F. Harvey

(Address) 1621 Lawrence St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 4-26-33

UNDERTAKER Samuel J. Bowles

(Address) 548 N. Bond St.

FILED 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1933 to 4-22, 1933

I last saw her alive on 4-22, 1933 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-21-33
Other contributory causes of importance: Hypertension Cardio Vascular Renal Disease	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. F. Harris, M. D.

(Address) Provident Hospital

H. D. B. 1268-9

89775

E 89775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Cooper

(a) Residence: No. 603 Smith St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/2/1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry 041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Marys Co. (State or country) Md.

13. NAME Thomas Cooper

14. BIRTHPLACE (city or town) St. Marys Co. (State or country) Md

15. MAIDEN NAME Charlotte Grey

16. BIRTHPLACE (city or town) St Marys Co. Md (State or country)

INFORMANT Jas. H. Cooper

(Address) 603 Smithenson St

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 4/26 1933

UNDERTAKER Sayles & Bowles

(Address) 278 N Eden

FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1933 to 4/22 1933

I last saw h alive on 4/22 1933. Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonalis	2
Other contributory causes of importance:	
Bronchopneumonia	2 wks

Name of operation Exploratory Lap Date of 4/21/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Power Thompson M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

89776

E 89776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. md St. 76-81 Ward) 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Adams

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Adams ?

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

13. NAME Jerry Marsh

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Manuza ?

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records Balto. City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4/27/33

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-33

22. I HEREBY CERTIFY, That I attended deceased from 2-6-31 to 4-20-33

I last saw h[illegible] alive on 4-20-33 Death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	?

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

4-20-33 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

89777 ✓ E 89777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Balto City Hosp St., 4th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Price

(a) Residence: No. 765 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 22, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co.

13. NAME Mordecai Price

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

15. MAIDEN NAME Rachael Amacost

16. BIRTHPLACE (city or town) (State or country) Baltimore Co

INFORMANT Records
(Address) Balt. City Hosp

BURIAL, CREMATION, OR REMOVAL
Place Forest, Balto. Co. Date April 23, 1933

UNDERTAKER C. Leroy Stiffler, Inc.
(Address) 125 E. Monument

FILED ..... 19..... ..... Registrar.

1003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933 to 4-21, 1933

I last saw h alive on April 21, 1933 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Auricular Fibrillation	?
Myocardial Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Magruder M. D.

(Address) Balt. City Hosp

Co. 5-31 250B

99778 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89778

CERTIFICATE OF DEATH

131

PLACE OF DEATH Jenkins Memorial Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1000 Eaton Ave. St., 11-06 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Jennie Marie O'Donoghue

(a) Residence: No. 618 North Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Unknown

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46 yrs.			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Ireland

NAME James O'Donoghue

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary O Dwyer

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Jenkins Memorial
Address) 1000 Eaton Ave, City

RIAL, CREMATION, OR REMOVAL
lace ... Date ... 19 33

DERTAKER ...
Address) ...

ED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to April 22nd 1933

I last saw her alive on April 21st 1933 death is said to have occurred on the date stated above, at 12:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with hypertension	
Uremia (Terminal)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alfred Warner, M. D.

(Address) 80 - same ...

I. D. B. 1268-9

89779

E 89779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mozella Simmons

(a) Residence: No. 1035 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Harry Simmons

DATE OF BIRTH (month, day, year): Mar. 31-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

13. NAME OF FATHER: George Lewis

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

15. MAIDEN NAME OF MOTHER: Elizabeth Marston

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

INFORMANT: Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Apr 24 1933

UNDERTAKER: James A Harper
(Address): 142 N Gilmor St

FILED ..... 19..... Registrar.

4 1933 3 PM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1933 to 4-21 1933

I last saw her alive on 4-21 1933 Death is said to have occurred on the date stated above, at 830 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast Metastasis to Left Breast	June 1930
Other contributory causes of importance: Bronchopneumonia	4/15/33

Name of operation Mastectomy Date of 1931

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Power Lapsley M.D.

(Address) Balto City Hospitals

M. D. B. 1268-9

89780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89780

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 25-01 Registered No. 23

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Steve Yesiek or Yeskis

(a) Residence: No. 1900 Curtis ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Dec. 1864

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

12. NAME Steve Yesick

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Annie ?

15. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Health Records Mary Bruto

(Address) 1610 Elmtree Court Bay

BURIAL, CREMATION, OR REMOVAL

Place Holy Family, Russian Date April 24 1933

UNDERTAKER John Gobijauskas

(Address) 423 S. Paca St.

FILED APR 25 1933 Huntington Pikesville, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to April 22, 1933

I last saw him alive on April 22, 1933. Death is said to have occurred on the date stated above, at 7:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis —	March
Intercurrent Pneumonia —	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Steen, M. D.

(Address) Baltimore, Md.

M. D. B. 1268-2

89781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89781

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Dunbridge Rd. St., 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna King

(a) Residence: No. 610 Dunbridge Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Elmer R. King

DATE OF BIRTH (month, day, year) Dec. 14, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. Edw. Roemer

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

15. MAIDEN NAME Annie B. Burkhardt

16. BIRTHPLACE (city or town) (State or country) Switzerland

INFORMANT Elmer R. King

(Address) 610 Dunbridge Rd.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Apr. 24. 1933

UNDERTAKER Wm. F. McGuire Sons

(Address) Funeral Directors

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933 to April 21, 1933

I last saw h... alive on April 20, 1933 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mucous colitis	Yrs ago
Acute hepatitis, Mitral stenosis, Chr. myocarditis	4 mos

Other contributory causes of importance:

Acute cardiac dilatation	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos Schlenger, M. D.

(Address) 303 E Fayette St

89782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 89782

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Hartsdale St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Johanna Flothmann

(a) Residence: No. 1808 Hartsdale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Henry Flothmann

DATE OF BIRTH (month, day, year) Sept 28-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Elizabeth Hartman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs Henry Flothman

(Address) 1808 Hartsdale St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Jan 30 1933

UNDERTAKER J. Fred Lange & Sons

(Address) North Ave

FILED Jan 30 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-2-33 to 4/22/33

I last saw her alive on 4-22-33 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	3 mo
Other contributory causes of importance:	
Mitral Regurgitation	20 dy

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) David Miller, M. D.

1/29/33 (Address) 1500 N Broadway

89783

E 89783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Clifton St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sue Margaretta Weber

(a) Residence: No. 3506 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - did

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington Co Md

13. NAME OF FATHER Ferdinand Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Nancy Byers

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. Sue M. Sherin

(Address) 3506 Clifton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem April 1933

UNDERTAKER Wm. McKee Sons

(Address) North & Fremont Ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Apr. 21, 1933

I last saw h.. alive on Apr 18, 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured hip (right)	Dec 24/32
arteriosclerosis	?
hypertension	?
Contributory causes of importance:	
myocarditis	Dec. 1932

Operation Retired Date of

Was diagnosis confirmed by autopsy? Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? at her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. fell down stairs at her home Dec 24-32 fractured hip

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Dibbert M. D.

(Address) 2220 Harlem Ave

H. D. B. 1268-9

89784 E 89784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Woodbine ave St., 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E Wagner

(a) Residence: No. 3702 Woodbine ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced
HUSBAND of (or) WIFE Mrs E. Ludwig Wagner

DATE OF BIRTH (month, day, year) Jan 20 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Schweinsberg Stephen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Wagner

(Address) 3702 Woodbine ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 25 1933

19. UNDERTAKER Harry W. Sensel & Son

(Address) 501 N Pine St

FILED 4-25-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to April, 1933

I last saw her alive on April 22, 1933 Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	4-23-33
Other contributory causes of importance:	
Colon Carcinoma with generalized metastasis	

Name of operation Breast amputation Date of Aug 1929

What test confirmed diagnosis ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) J. Wolnek M. D.

(Address) 4712 Liberty Heights Ave

D. R. 1268-9

89785

E 89785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-004

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1723 E. 32nd St., 9-01 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Annie C. Schillinger

(a) Residence: No. 1723 E. 32nd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. G. Schillinger

TE OF BIRTH (month, day, year) Nov 16/1861

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	5	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto., Md.

NAME Charles A. Seebach

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Carrie A. Bramble
Address) 1723 E. 32nd St

RIAL, CREMATION, OR REMOVAL

lace ....Date Apr 25 1933

DERTAKER Wm. H. John H. Teufel & Son
Address) 1111 E. Fayette St.

ED ....19....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33 .19

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....

I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at before 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Genl Arteriosclerosis	??

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of Injury .... .19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) J. H. Pacca .... M. D.
Coroner

(Address) 508 E Fort Ave

D. B. 1268-9

89786 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 89786

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto Md St., 6-01 Ward)

th of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carnelia Jackson

(a) Residence: No. 1509 E. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, hrs. or min.
67 Y.			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Records (Address) Baltimore City Hosp

RIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 4/20 19 33

DERTAKER Edwin H. Burkett

Address 522 N. Carey St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-13- , 1933 to 4-20- , 1933

I last saw her alive on 4-20- 19 33 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Senility
Compensated interstitial nephritis
Arteriosclerotic Heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Goldsmith M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

E 89787

89787 HEALTH DEPARTMENT—CITY OF BALTIMORE

173

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Jere Williams Lord

(a) Residence: No. 104 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. J. W. Lord

DATE OF BIRTH (month, day, year): Feb. 5 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Portland Maine

13. NAME: John D. Lord

14. BIRTHPLACE (city or town) (State or country): Maine

15. MAIDEN NAME: Jennett Williams

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

INFORMANT: Wife J. W. Lord.
(Address): 104 N. Charles St

BURIAL, CREMATION, OR REMOVAL
Place: Pond Ridge Date: April 25. 1933

UNDERTAKER: Harry A. Jenkins & Co.
(Address): Cor. Eutaw & Mt. Holly

FILED: April 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21st, 1933 to April 23rd, 1933.

I last saw h... alive on April 23rd, 1933. Death is said to have occurred on the date stated above, at 7:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis -	1924
Recto - vesical fistula	1924
Fecal fistula + Abd. Abscess	1924
Uremia	March, 1933
Generalized Peritonitis	April 21
Other contributory causes of importance: Myocardial weakness	1926

Name of operation: D. D. Abdominal Abscess Date of: April 21st 1933

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W. Spence, Jr. M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

89788 HEALTH DEPARTMENT—CITY OF BALTIMORE 89788

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N Lafayette St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Middleton

(a) Residence: No. 536 N Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Middleton

DATE OF BIRTH (month, day, year) 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Annie Middleton (Address) 536 N Lafayette Ave

BURIAL, CREMATION, OR REMOVAL Place Auburn Date April 20 '33

UNDERTAKER Bruce Hearn (Address) 515 Druid Hill Ave

FILED April 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 '33

22. I HEREBY CERTIFY, That I attended deceased from April 7 '33 to April 19 '33

I last saw him alive on April 12 '33. Death is said to have occurred on the date stated above, at 6:29 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	abt 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Colby Hearn, M. D.

(Address) 1701 Eutaw

D. B. 1268-9

9789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 89789

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals V 107-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto Md St., 16-01 Ward)

gth of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Warren Hanna

(a) Residence: No. 864 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-21-'48

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	3	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) Reisterstown
(State or country) Maryland

10. NAME Williams Hanna

BIRTHPLACE (city or town) .....
(State or country) Maryland

MAIDEN NAME Anna Gosnell

BIRTHPLACE (city or town) .....
(State or country) Maryland

INFORMANT Records
(Address) Balto City Hospt

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 25 1933

UNDERTAKER Thos O Mitchell & Son
(Address) 1911 Eutaw Place

FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-24- 1933 to 4-23- 1933

I last saw her alive on 4-23- 1933 Death is said to have occurred on the date stated above, at 12.30A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	2 days
Terminal Bronchopneumonia	2 "

Other **contributory causes** of importance:

Psychosis with Cerebral Arterio Sclerosis	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Henry J. Schmidt M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

89790 HEALTH DEPARTMENT—CITY OF BALTIMORE B 89790

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Jay St St. 10-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Abraham Nowitch

(a) Residence: No. 833 N. Jay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Nowitch

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Umbrella Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Nowitch

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hyman Nowitch

(Address) 833 N. Jay St.

BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 4/24/33 19

UNDERTAKER Jack Segal Inc.

(Address) 1439 E. Baltimore St.

FILED 19 Registrar.

24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 19 32 to 4/21 19 33

I last saw h. alive on 4/21 19 33 Death is said to have occurred on the date stated above, at 5A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Lanvale St

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 9th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E 86291 Jan 6, 1933 AND

ENDING WITH #E 89790 April 24, 1933 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL